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ABSTRACT

These coordinated components focus on the career cluster of assistance services for the elderly. The reference book 1987 provide information needed by employees. Each chapter begins with competencies to develop and objectives to achieve. Within the text, bold-faced vocabulary terms are defined. Each chapter concludes with a content summary in the "points to remember" section, a listing of the vocabulary in "words to know," and questions for review, which is a self-test for the students. The 32 chapters cover understanding the elderly, services and legislation, job opportunities, employee qualifications, physical needs, emotional needs, mental needs, social needs, housing consideration, transportation, elderly in the marketplace, frauds, clothing needs, nutrition, menus and diets, mealtimes, exercises, hobbies and activities, educational activities, sanitation, safety, preventive health measures, vital health signs, first aid, terminal illness, body mechanics, planning and managing household tasks, energy, bed making, bathing, grooming, and dressing assistance. Unit tests and answer keys are appended to the reference book. The student activity book provides a variety of pencil-and-paper activities correlated with the chapters in the reference book. Each chapter begins with competencies to develop and objectives to achieve, followed by a short paragraph describing the purpose of the chapter. (YLB)

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# ASSISTANCE SERVICES FOR THE ELDERLY

## REFERENCE BOOK AND STUDENT ACTIVITY BOOK

HOME ECONOMICS CURRICULUM CENTER
TEXAS TECH UNIVERSITY

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# Assistance Services for the Elderly

## Reference Book

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TRAVEL

VOCATIONAL HOME ECONOMICS EDUCATION DEPARTMENT OF OCCUPATIONAL EDUCATION AND TECHNOLOGY
TEXAS EDUCATION AGENCY AUSTIN, TEXAS

# ASSISTANCE SERVICES FOR THE ELDERLY

## REFERENCE BOOK

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# Preface

With the many technological breakthroughs in recent decades, people are living longer, healthier lives. Fewer than five percent of the elderly population live in residential care facilities. Although there are many opportunities to work with the elderly persons in a voluntary capacity, most paid employment possibilities involve caring for the elderly person whose physical capabilities for self care are diminishing.

Rather than devoting a complete section of the reference book to the care provider's role in working with elderly who are frail, information and skills for doing so are interwoven throughout the guide. It is the intent that individuals using these materials focus upon the positive contributions elderly persons make in society and ways in which care providers can assist elderly persons so that the quality of their lives is enhanced, not just maintained.

# Acknowledgments

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# 1

# Understanding the Elderly in the United States

**COMPETENCIES TO DEVELOP**

- Analyze factors relating to the elderly in the United States.
- Demonstrate a better understanding of the elderly.

**OBJECTIVES TO ACHIEVE**

- Point out reasons for the increasing need to train people to work with the elderly.
- Describe factors affecting the increasing proportion of elderly in the United States.
- Summarize the process of aging associated with the elderly.
- Determine the definition of "old" from various age groups.
- Identify the chronological age categories of the elderly.
- Identify the myths and stereotypes associated with the elderly.
- Describe realistic views of the elderly.
- Contrast the role of the elderly, their status, and contributions in various cultures.
- Identify the rights of the elderly.
- Outline future trends associated with the elderly.

For the first time in the history of the United States, there are more people over 65 than there are teenagers under 20. Today's elderly are different than in the past as they are healthier and better educated. Many are using their skills and experiences to set new goals and look to the future. In the past, society faced the problem of people having a shortened life span. Today, the fastest growing age group is people over 80. Statistics show that every day there are approximately 1600 more Americans over 65 than there were the day before. With this increasing proportion of older people in the United States, the need to train people to work with the elderly is also increasing.

## CURRENT POPULATION

In 1984, the United States Census Bureau reported those age 65 years and older, as representing 11.7% of the total population, or about one in every nine Americans. Since 1980 the number of Americans over 65 has increased by 1.7 million, or 6%, compared to only a 3% increase for those under 65. Since the late 1950s the population of older persons in the United States has been increasing. This can be attributed to two factors: a decreasing **mortality** (death) rate, and a declining **fertility** (birth) rate. As the number of children per woman of childbearing age decreases, the number of people in the the younger age category decreases. When the mortality rate decreases, the proportion of older people increases. On the average, those who now reach 65 can expect to live an additional 16.8 years (18.8 years for females and 14.4 years for males).

## PROCESS OF AGING

The physical changes that occur with aging can be disturbing to many young people. Although age does bring many physical changes, older adults still continue to be mentally, socially, and physically active. As people grow older they do so in primarily three ways: 1) biologically, 2) psychologically, and 3) socially. **Biological aging** relates to physical factors, chronological age, and changes in physical capabilities such as eyesight, hearing, and general physical health. **Psychological aging** deals with how well a person is able to adapt to and accept one's environment. **Social aging** relates to how one interacts with others and the changes in the roles that a person performs. To gain an understanding of the adjustments of later life, sensitivity towards older adults, and healthy aging, it is important to be aware of the aging process.

## WHAT "OLD" MEANS

With people living longer and the increased number of older persons in the United States, a common question is, "How old is 'old'?" Statistically, most people don't think of themselves as "old." Old is usually considered to be someone fifteen years older than one's self. To a 10-year-old, 25 is old; to a 70-year-old, 85 is old. Older people are often surprised to hear someone else refer to them as old because they usually know others older than they are. When categorizing the elderly into age groups, the Census Bureau considers the 55 to 64 age group the older population; ages 65 to 74 are referred to as the elderly, 75 to 84 the aged, and 85 years or older are known as the very old.

Terms used to classify age differences among elderly persons vary. For the purpose of this reference book, the term elderly is used to refer to persons 55 and older. The elder care provider needs to remember that just as the ages of the elderly person vary, so do their needs for assistance.

## STEREOTYPES AND MYTHS ABOUT AGING

Many young people have limited contacts with older people outside of family members. When contact is limited, one's viewpoint of the elderly is likely to be narrow. For some individuals, the only contact with the elderly may be what is seen on television or what appears in books. These perceptions may be true of some older persons, but certainly not for all. Some common **stereotypes** (a standardized idea or image of individuals or groups) and **myths** (a belief whose truth is accepted without questioning) about aging include the following:

### Most Older Adults Are Institutionalized

Fewer than 5% of the older population lives in any kind of institutional setting (nursing home or hospital-confined). Fewer than 10% ever spend any time in institutions, and only about 14% are incapacitated in their own homes.

### Most Older Adults Are Lonely and Isolated from Family and Friends

Only about 2% of the older population are socially isolated to any serious degree.

### Alone and Lonely Are Synonymous When Applied to Older Adults

The loneliness most older adults feel is the loneliness for a spouse, their old jobs, and their deceased friends. This does not mean they are lonely for social contact, but rather feel deeply about the losses in their lives.

### Sexual Interest Disappears with Age

Sexual interest will diminish, but in the majority of cases does not cease with the advance of age.

### Extreme Physical and Mental Deterioration Are Inevitable with Age

Some deterioration (a gradual decline or weakening) is inevitable, but it does not need to be extreme. From the age of 25 on, most people lose about 100,000 brain cells a day. This process is slowed by continued mental and physical activity (with continued good mental health and absence of disease, aging deterioration often is not obvious until very late in life). No diseases attack only the old.

### Older Adults All Become Rigid and Dependent

This is not true. In fact, older adults are often more innovative and open than younger people. One reason for this is that older people can draw from vast resources of experience.

### All Older People Want Is Serenity and Tranquility

The "rocking chair syndrome" is generally not true. Older adults will often portray this concept to younger people because they feel this is what is expected of them. When younger people perceive older people as "old and worn-out," they relate to them that way. When dealing with people, avoid labels.

### Retirement Brings About an Early Death

The facts provided by Health, Education, and Welfare Department and various insurance companies do not bear out this myth.

### Services to Older Adults Are Always Beneficial and Altruistic in Nature

Unfortunately, social policy often provides negative rewards that work against rather than for older people. For example, nursing homes get more money when an older adult is sick than when the elderly person is well. Consequently, the root causes of illness are often overlooked and attributed to "**senility** (decline of the mental facilities)."[1]

## MYTHS AND REALITIES OF AGING

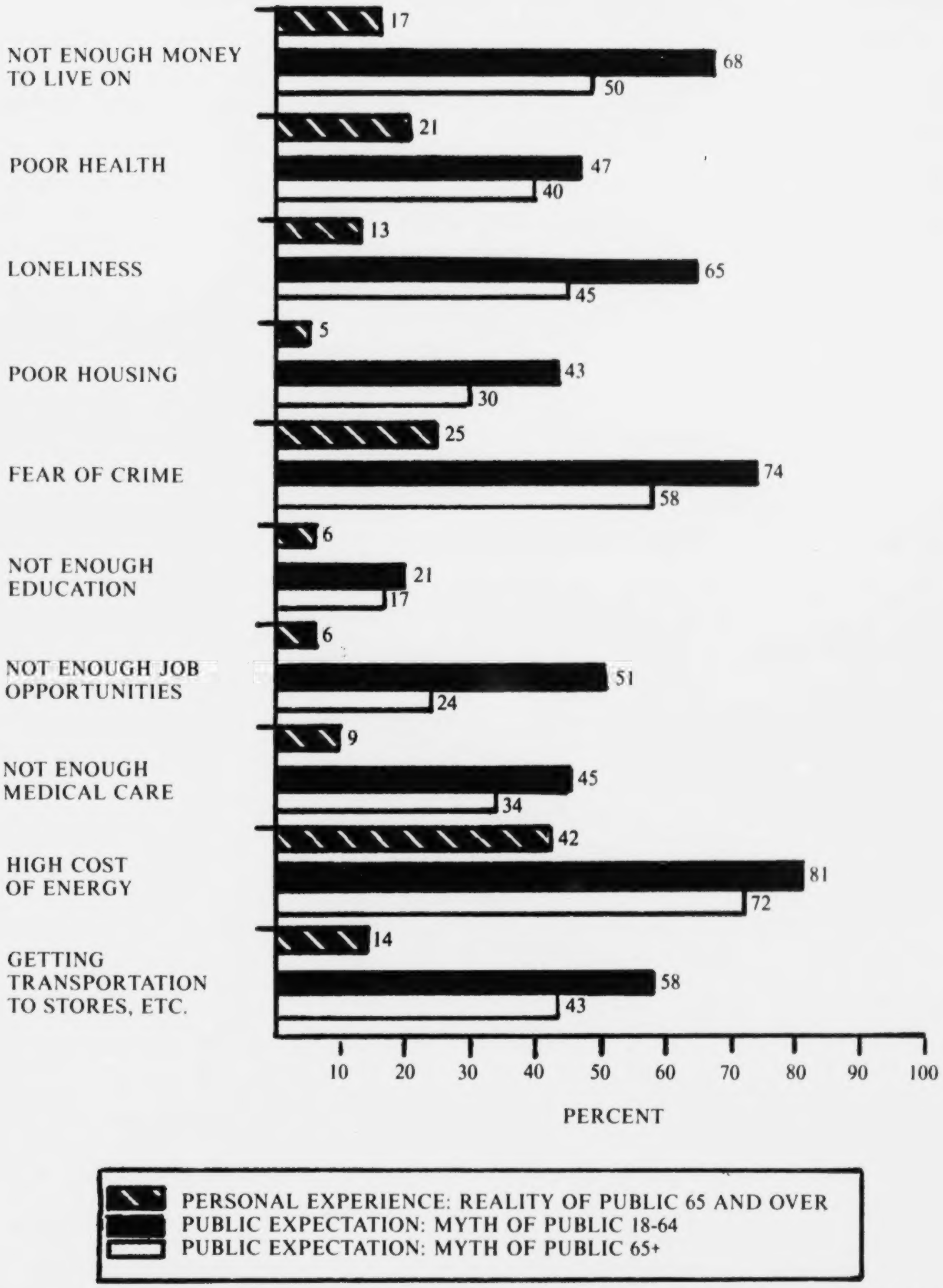
Misconceptions (mistaken notions) about the problems of elderly persons persist for young and old alike. The National Council on Aging surveyed over 3,000 Americans of all ages and stated that there was a clean gap between the myths of old age and the reality. The following chart shows that people of all ages perceive the problems affecting the elderly to be much more serious than they actually are.[2]

## PERSPECTIVES ON MYTHS OF AGING

Robert N. Butler, in his Pultizer Prize winning book, *Why Survive? Being Old in America*, sketches a picture of the stereotypical view of old age in America:

> An older person thinks and moves slowly. He does not think as he used to or as creatively. He is bound to himself and to his past and can no longer change or grow. He can learn neither well nor swiftly and, even if he could, he would not wish to. Tied to his personal traditions and growing conservatism, he dislikes innovations and is not

# MYTH vs. REALITY OF AGING



Adapted form "Aging America-Trends and Projections", 1984. Special Committee on Aging, Washington, D.C. 20510.

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> disposed to new ideas. Not only can he not move forward, he often moves backward. He enters a second childhood, caught up in increasing egocentricity and demanding more from his environment than he is willing to give to it. Sometimes he becomes an intensification of himself, a caricature of a lifelong personality. He becomes irritable and cantankerous, yet shallow and enfeebled. He lives in his past; he is behind the times. He is aimless and wandering of mind, reminiscing and garrulous. Indeed, he is a study in decline, the picture of mental and physical failure. He has lost and cannot replace friends, spouse, job, status, power, influence, income. He is often stricken by diseases which, in turn, restrict his movement, his enjoyment of food, the pleasures of well-being. He has lost his desire and capacity for sex. His body shrinks, and so too does the flow of blood to his brain. His mind does not utilize oxygen and sugar at the same rate as formerly. Feeble, uninteresting, he awaits his death, a burden to society, to his family and to himself.[3]

Butler then goes on to point out that in all stereotypes and myths, there are bits of truth. However, he feels that many of the views of old age currrently held represent misunderstandings, confusions, and lack of knowledge as well as outright hostility and prejudice.

His book looks at these myths in the light of recent gains in the knowledge of the "facts" of aging. He then draws a picture of a more accurate image of aging. It is as follows:

> Older people are as diverse as people in other periods of life, and their patterns of aging vary according to the range they show from health to sickness, from maturity to immaturity, activity to apathy, useful constructive participation to disinterest, from the prevailing stereotype of aging to rich forms of creativity.
>
> Ninety-five percent of older people live in the community and are not institutionalized or in protective settings. Physical illnesses are frequent and often chronic and limiting. This period of life is characterized by complex changes that are multiple, occur rapidly and have profound effects. Some people are overwhelmed. Others can come to accept or substitute for the loss of loved ones, prestige, social status and adverse physiological changes.
>
> 'Old age' and 'brain damage' alone do not account for the changes seen or the modes of adaptation of older people. Diseases, life experience, socioeconomic and other forces along with the subjective experience of growing old and approaching death, all interweave to contribute to the picture of old age.
>
> Those old people who are optimistic and resourceful may at the same time be painfully aware of the brevity of life and its tragedies. Optimism is tempered by a more balanced view of the joys and sadnesses of life. The old continue to learn and change in response to their

> experiences and to human relationships. They are not often overwhelmed by new ideas for they recognize how few of them there are. Many are employable, productive and creative. Many elders wish to leave their mark through sponsoring the young as well as through ideas and institutions.[4]

Butler feels that the most important thing one needs to recognize is that old people are not a homogenous group. Human personality is unique; and in later life, when personality reaches its fullest development, we see these differences most clearly. Butler feels that when one recognizes this basic diversity of old age, one can look at special characteristics as tendencies. This perspective allows one to recognize that these late-life characteristics occur frequently enough to be useful in understanding aging, but they are not inevitable and cannot be used to place the old in prescribed roles.

The care provider for the elderly who understands this perspective on the characteristic of aging will be better prepared to recognize the uniqueness of an elderly person and the particular set of needs that the elderly person has. This understanding will allow the care provider to see the older person, not as old first and a person second, but as a person with experiences who happens also to be old.

## ROLE OF THE ELDERLY IN VARIOUS CULTURES

When working in services for the elderly, the care provider should be aware of the influences the various cultures have upon the elderly. Every person, has an ethnic background. Ethnic identity can be thought of as being of an historical nature. Individuals are born into an ethnic group and become socialized as they learn the hardships, accomplishments, and history of the ethnic group.

The care provider should be aware that old age is a difficult time for many people and can be especially hard for members of racial and ethnic **minority groups** (a group differing from the majority of the population). Compared to the majority of Americans, these individuals are likely to have less education and money, less adequate housing, poorer health, and fewer years of life. Many (black, Hispanic, Asian, and Native American) minority groups bear the added burden of racial prejudice, language barriers, suspicion of bureaucratic processes, and difficulty obtaining needed health and other services. In addition, minority group members who have suffered racial discrimination all their lives may seem to be in double jeopardy because of being discriminated against for being old. Elderly persons practicing a particular religious faith may also feel discriminated against.

The following factors will aid the care provider in better understanding the elderly persons they may be working with.

1) Each person or group of persons in the United States has a special history in relation to the American social system. Different circumstances brought each person or group or their ancestors to the United States. Some came or had ancestors that came as slaves, cheap labor to be exploited, as political refugees, or as religious

freedom seekers. Ancestors of others were already here. They all have their minority status and therefore subordination to the dominant ethnic population.

2) Each group had differences in language, appearance, and customs. They were in different work roles from the majority and, as a result, stereotypes about each group were formed.

3) Each group belongs to a subculture that involves its own unique priorities and language differences. Away from their own heritage and isolated from the dominant social institutions, people have been led to develop their own coping mechanisms such as church, strong family ties, or a benevolent society or club.

4) The experience of the young generation of minority groups is different from that of the elderly and this creates a gap within the group in generations in understanding the experiences of each other. The elderly are often isolated even within their own minority groups. The care provider should realize that each individual is unique regardless of ethnic background and strive to gain the trust and confidence of the elderly person they are caring for.

The elderly bring wisdom and experience to all cultures, however, other contributions made by the elderly to society vary in the different cultures. In some cultures the elderly have a very high status. In cultures that practice ancestor worship, the elderly can become very powerful and are the matriarchs or patriarchs which form the councils of ruling elders. They are considered to have great wisdom and people come to them for advice.

In some cultures, and even in the United States on the few remaining family farms, the elderly play an important economic role and work. People in their eighties tend livestock, garden, prepare food, cook, sew and otherwise help support the family. Even elderly persons confined to wheel chairs or rocking chairs contribute by taking over the time-consuming tasks of sewing, mending, quilting, shelling peas, husking corn, etc.

In the United States, where the elderly are expected to retire, many obtain a great deal of personal satisfaction and a sense of identity from doing volunteer work, and belonging to charitable and formal social organizations such as business clubs, trades, and other occupation-related organizations. Many of the elderly attach more importance to religion and take on leadership roles in the church. Other elderly persons participate in politically oriented organizations which are becoming a powerful voice for the rights of the American aged.

Having insight into the role of the elderly, their status, and their contributions to society will aid the care provider in understanding the elderly person they are caring for. Through understanding, the care provider will be better prepared to provide companionship to the elderly person by conversing about specific interests.

## RIGHTS OF THE ELDERLY

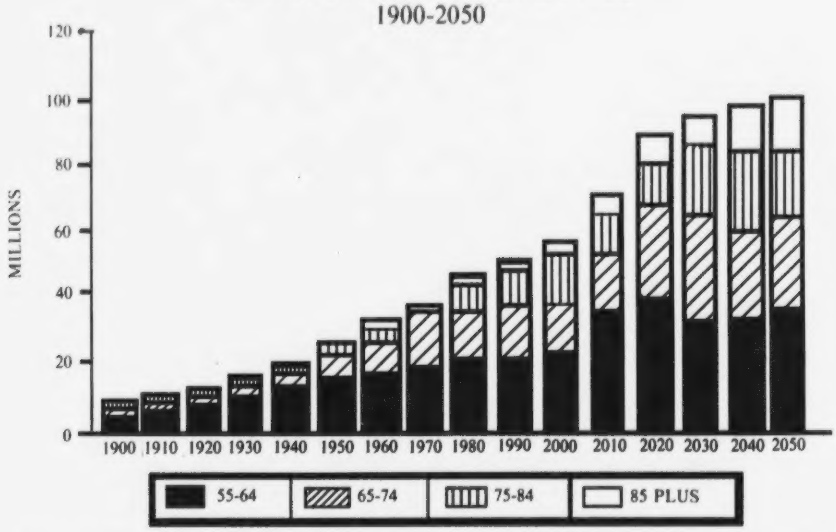
In 1961, the Second National Conference on Aging established several rights for the aging population. These rights are privileges to which the elderly are justly entitled. Although these rights were established over 20 years ago, they still apply today. These rights include the following:

- The right to be useful
- The right to obtain employment based on merit
- The right to freedom from want in old age
- The right to a fair share of the community's recreational, educational and medical resources
- The right to obtain decent housing suited to needs of later years
- The right to the moral and financial support of one's family so far as it is consistent with the best interest of the family
- The right to live independently, as one chooses
- The right to live and die with dignity
- The right of access to all knowledge on how to improve the later years of life

## FUTURE TRENDS

The older population has been increasing at a more rapid rate than the rest of the population for most of this century. It is expected to

ACTUAL AND PROJECTED POPULATION
55 YEARS AND OLDER BY AGE
1900-2050



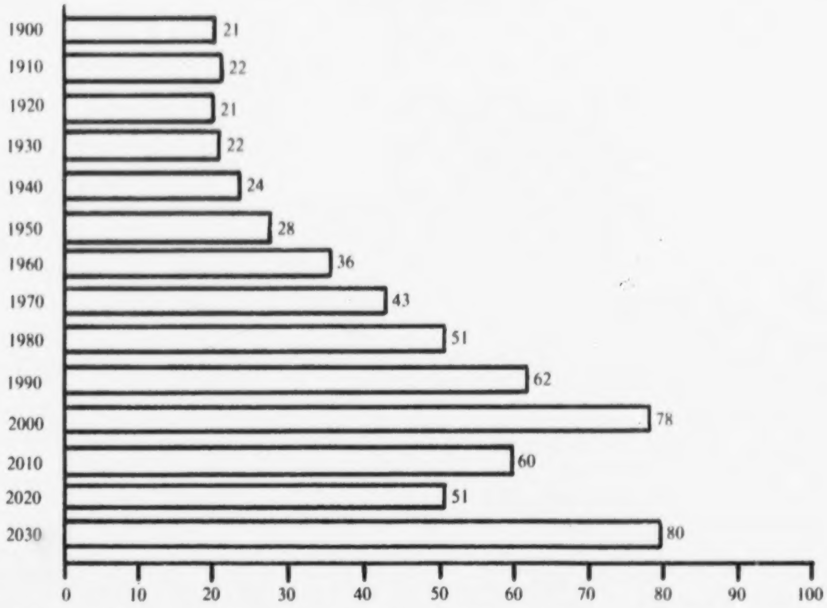
Adapted form "Aging America-Trends and Projections", 1984. Special Committee on Aging, Washington, D.C. 20510.

continue growing in the future. According to the United States Bureau of the Census, the total population is expected to increase by a third between 1982 and 2050. The 55-plus age group is expected to grow at the most rapid rate. The following chart shows the rate at which the elderly is expected to increase.[5] During 1990 the growth is expected to slow down somewhat because of the relatively small numbers of babies born during the Great Depression of the 1930s. The most rapid increase is expected between the years 2010 and 2030 when the "baby boom" generation, born in 1945-1965, will reach 65. By the year 2030, there are expected to be two and one half times more elderly than there were in 1980.

The increased longevity of the American population has also altered the structure of families; four generation families are becoming more common. Presently about half of all persons aged 65 and older have great grandchildren, and about 10% of all elderly have a child who is also elderly.

In 1900, there were only 21 persons aged 80 and over for every 100 persons aged 60 to 64. By 1980, the number had grown to 53 per 100 and by the year 2000 the number is expected to reach 78 per 100. The following chart illustrates actual and projected numbers for the elderly population for 1900-2030.[6]

NUMBER OF PERSONS AGE 80 AND OLDER PER
100 PERSONS AGE 60 THROUGH 64
ACTUAL AND PROJECTED
1900-2030



Adapted form "Aging America-Trends and Projections", 1984. Special Committee on Aging, Washington, D.C. 20510.

**Points To Remember**

- Today's elderly are healthier and better educated than past generations.
- The fastest growing age group is that of people over 80.

- Today the older population represents one in every nine Americans.
- The proportion of elderly people in the United States can be attributed to a decreasing mortality rate and a declining fertility rate.
- On the average, those that reach the age of 65 can expect to live an additional 16.8 years.
- People grow older in primarily three ways: biologically, psychologically, and socially.
- Statistically, most older people don't think of themselves as old.
- Limited contact with the elderly is likely to foster a narrow view of them.
- Fewer than 5% of the elderly actually live in institutions.
- The care provider should be aware of the influences the various cultures have upon the elderly.
- Any older person regardless of race, color, or creed is entitled to the rights established during the Second National Conference on Aging; the right to be useful; the right to obtain employment based on merit; the right to freedom from want in old age; the right to a fair share of the community's recreational, educational, and medical services; the right to obtain decent housing suited to needs of later years; the right to the moral and financial support of one's family so far as it is consistent with the best interest of the family; the right to live independently as one chooses; the right to live and die with dignity; and the right of access to all knowledge on how to improve the later years of life.
- The older population is expected to continue growing with a rapid growth increase expected between 2010 and 2030.
- Four generation families are becoming more common due to the increased longevity of the American population.

## Words To Know

biological aging
fertility
minority groups
mortality
myths
psychological aging
reality
senility
social aging
stereotypes

## Questions for Review

1. How do today's elderly differ from those a generation ago?
2. Which age group is increasing the most rapidly in the United States?
3. What two factors account for the rising number of elderly in the United States?
4. On the average, how many additional years can a person reaching the age of 65 expect to live?
5. Name and describe the three main ways in which people age.
6. Define the term "old."
7. What are the four age groups that the elderly are categorized in?
8. List and discuss six common stereotypes about aging.
9. What percent of the elderly actually live in nursing homes?
10. According to the Myth vs. Reality of Aging chart, what is the most serious problem affecting the elderly?
11. List the rights of the elderly.
12. What influences have the various cultures had on the elderly?

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[1] Adapted from information sheet provided by Denton Retired Senior Volunteer Program, Denton, Texas. *Care and Independent Living Services for Aging.* Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 1977.

[2] Adapted from *Aging America-Trends and Projections,* 1984. Special Committee on Aging, Washington, D.C. 20510.

[3] Robert N. Butler, *Why Survive? Being Old in America.* New York: Harper & Row, 1975, pp. 6-7.

[4] Ibid.

[5] Adapted from *Aging America-Trends and Projections,* 1984. Special Committee on Aging, Washington, D.C. 20510.

[6] Adapted from *Aging America-Trends and Projections,* 1984. Special Committee on Aging, Washington, D.C. 20510.

# 2

# Services and Legislation for the Elderly

**COMPETENCIES TO DEVELOP**

- Determine the services available to help meet the needs and interests of the elderly.
- Identify goals for providing services to help meet the arising needs of the elderly.
- Summarize legislation which affects the needs, interests, and rights of the elderly.
- Identify organizations concerned with legislation for the elderly.

**OBJECTIVES TO ACHIEVE**

- Describe the role of the care provider as a member of the helping team.
- Describe results of the national conferences on aging.
- Describe the types of services available for the elderly.
- Point out how to gain information on services available to senior citizens.
- Identify services for the elderly provided by community volunteers.
- Describe legislation which affects the elderly.
- Cite organizations which keep the elderly informed of new legislation.

One basic goal of the duties of a care provider is to enable the needs of the elderly to be met—whether it is through the efforts of the care provider or through the use of resources. The role of care provider for the elderly does not include making decisions for elderly persons, but rather assisting them in obtaining all of the information they need to make a decision. If the elderly person is genuinely unable to make a decision that must be made (e.g., have plumbing repaired) the role of the care provider is to contact the responsible family member, friend, or agency personnel, and they then make a decision. When the care provider has a knowledge of the community, state, and federal services available, the care provider is better equipped to meet the needs of the elderly.

## THE ELDER CARE PROVIDER: MEMBER OF THE HELPING TEAM

Individuals employed in services for the elderly are members of the team of helping professionals which acts as a supplement to (or stand-in for) the family of the older American. The elder care provider serves as a symbol of the concern of the community for its older citizens. The underlying goals of individuals working in services for the elderly are to support maximum independence on the part of the elderly person and to enable the elderly person's needs to be met.

Sometimes the elderly person will have needs that must be met by the services of different professionals and agencies. To avoid confusion, and to insure adequate communication between and among the other professionals and agencies, the care provider for the elderly may need to help coordinate the efforts of the various human services required. These human services include, but are not limited to, physical and mental health needs, social and recreational needs, nutritional needs, economic and legal needs, homemaking and personal care needs.

One of the responsibilities underlying all other duties and responsibilities of the care provider is that of being an **enabler**. An enabler is one who makes it possible for things to get done and needs to be met. Enablers do not necessarily do everything or meet all needs by themselves. The role of the enabler includes the following:.

- assessment of the situation,
- identification of existing strengths and ways to build on them,
- identification of other resources to meet the needs of the elderly, and
- starting the process of putting available strengths to work to meet the needs of the elderly.

In some situations there will be so many needs that one person cannot meet them all no matter how talented and versatile. In some situations, the care provider will be employed only on a part-time basis and so will not have the time to meet all the needs of the elderly person. In other instances, the care provider may lack a particular talent or skill that is needed for that elderly person (e.g., cannot drive; does not read or write; is partially sighted; etc.). A care provider who can function effectively in the role of enabler can usually arrange for someone else or an agency to meet the needs of the elderly person.

The knowledge of common problems of aging, sensitivity to individual differences, the ability to observe and interview will all help the care provider assess the elderly person's needs. Knowledge of informal as well as formal community resources, agency resources, and respect for the talents, wisdom, and strengths of the elderly person will assist the care provider in identifying ways of meeting needs. The ability to utilize human relation skills and function as part of a team of helping professionals will make it easier for the care provider to start the process of matching resources to needs.

Individuals employed in services for the elderly should be aware of the variety of services available to help meet the needs and interests of the elderly. These services may be state or federally funded or provided by a community. Some programs are designed specifically for the elderly, while others include all age groups. Services receiving federal funding, which are more widely known, are offered in most states. Services receiving state or local funding vary greatly in variety and availability from state to state.

Since the 1960s, the United States government has greatly expanded its services for the elderly. Part of this greater responsiveness is due to the increased aged population. Also, the needs and rights of older individuals have been brought to the attention of legislative officials by groups such as the American Association of Retired Persons **(AARP)** and the **Gray Panthers**.

Through public policies, national goals are established which are then implemented through a variety of programs. Then, clear policies for the effective development and delivery of services become essential. Through the development of these services, jobs are created for working with the elderly. As a result, legislation pertaining to the elderly not only affects the elderly but those who care for the elderly.

## THE DEVELOPMENT OF LEGISLATION FOR THE ELDERLY

There have been four major national conferences designed to focus attention on the elderly and to define issues relative to aging over the past thirty years. In 1950, the first national conference was held which resulted in the development of a Special Staff on Aging and six objectives. These objectives were meant to establish the following:

- provide a forum for persons concerned with aging
- reevaluate the potentials of the elderly
- stimulate the exchange of ideas among people with a view to solving problems of aging
- define the nature and extent of the problems
- promote research in the phases of aging
- transmit findings to groups as guidelines for the development of policies with regard to the elderly.

Later, the Federal Council on Aging was developed to make recommendations concerning the needs of the elderly. Through this council, the growing need for direction and increased activity in the field of aging was made known.

In 1961, the Second National Conference on Aging was called in which each state was requested to give an analysis of the needs and circumstances of its elderly. This led to an increased awareness of state and local programs as well as a public focus on the elderly and their problems. As a result of this the **Department of Health, Education and Welfare** (now the Department of Health and Human Services) was created. This agency was set up to help the elderly through grants given to states for community services, training, and research. The following amendments were also passed to help meet the needs of the elderly:

**Older Americans Act 1965**—established the Administration on Aging and initiated federal grant programs to states which would help older citizens remain active and independent. This is still considered to be one of the most important contributions of aging legislation.

**Social Security Act 1967**—provided for Medicare and Medicaid.

In 1971, the Third National Conference on Aging was successful in prompting national response to the concerns of the elderly. The major achievements of this conference was the establishment of the National Institute on Aging and, with the enactment of the Age Discrimination in Employment Act, the raising of the mandatory retirement from 65 to 70.

The fourth conference on aging took place in 1981 and stressed the importance of social policy planning for the growing numbers of elderly in the United States. The major recommendations promoted **indirect services** for the elderly which led to the creation and provision of jobs for those in services to the elderly.

In 1986, the Age Discrimination in Employment Act was passed removing the mandatory retirement age for everyone except firefighters, policemen, and tenured professors.

## COMMUNITY, STATE, AND FEDERAL SERVICES

In 1981, the Texas Legislature formed the **Texas Department on Aging** to provide a state agency to serve the older citizens of the state. This department was created to help older Americans live as actively and independently as possible in the state of Texas. To help fulfill this goal the department created the **Aging Network** which is made up of 28 area agencies helping provide services to the elderly of the state. Each area agency is responsible for assessing the needs of the older population and developing written plans to meet the needs within their service region. The Department on Aging and the Aging Network work closely with other state and local organizations to create needed services where none exist. The variety of community, state, and federal services available for the elderly include but are not limited to the following:

**Nutritional Services**—Meals are served at senior centers and nutrition sites or delivered to home-bound elderly.

**Transportation**—Rides are provided to nutrition sites and senior centers, medical appointments, shopping, and recreational activities.

**Health Screening**—Physical monitoring services such as dental, blood pressure, diabetes, podiatry, sight and hearing checkups are provided, in addition to information on prescription drug use.

**Recreation**—Opportunities are offered to seniors to enjoy the companionship of others and prevent social isolation.

**Information and Referral**—Assistance in obtaining information regarding the state or local services available.

**Homemaker Services**—Assistance to home-bound elderly and includes chore assistance, housekeeping and personal care, as well as visitation and telephone reassurance.

**Nursing Home Ombudsman Services**—Investigations of complaints by or on behalf of nursing home residents, and regular social contacts through a Friendly Visitor Service.

**Retired Senior Volunteer Program (RSVP)**—Provides opportunities for civic-minded retired persons to contribute to their community by volunteering their time and life's experience.

**Senior Texans Employment Program (STEP)**—Work and training are made available to low income elderly in community service projects.

**Other Services**—These services include legal counseling, local discount programs, counseling, residential repair, physical fitness, and outreach.

Any citizen 60 or older is eligible for services provided by the Texas Department on Aging. Priority is given to those individuals considered to be in greatest economic need, but no income test is required for obtaining services. Although all of the services are free, individuals may make contributions to defray program costs.

**Senior Employment Programs**—Examples include: Senior Texans Employment Program (STEP), State Employment Agency, Foster Grandparents Program, Employment Commission, and Green Thumb.

**Organizations**—Examples include: Retired Senior Volunteer Program (RSVP), Service Corps of Retired Executives **(SCORE)**, National Retired Teachers Association (NRTA), Golden Services Club, Mature Outlook Club, and American Association of Retired Persons (AARP).

## SENIOR CITIZEN DISCOUNTS

There is a growing trend for theaters, parks, buses, universities, and stores to offer special senior citizen discounts on goods or services. Senior citizen discounts usually allow 10% to 15% off of the regular price. These small savings can amount to many dollars over a period of time, especially when persons depending on city bus transportation receive a discount each time they ride a bus.

Some stores require that a yearly membership card be purchased to receive the senior citizen discounts. This type of membership often has savings benefits up to 30% off the regular price of goods and services. So even if the elderly person must first buy a membership card, the savings soon pay for the card and more. Senior citizen discounts are often offered on the following: hotels and motels, rental cars, airlines, motorcoach travel, vacations, campgrounds, parks; prescription drugs, eye glasses, and contact lenses.

## INFORMATION ON SERVICES OR BENEFITS

The Texas Department on Aging maintains an Information and Referral office which provides accurate information on the availability of resources, follow-up services, and assistance to area agencies on aging. For general referral, many social service agencies within individual communities serve as a referral service to other agencies within a community. Places in the community to contact for general referral include: United Way and City, County, or State Welfare and Health Departments.

## LONG-TERM COUNCIL FOR THE ELDERLY

The Long-Term Council for the Elderly was established by the Texas Legislature to review and revise the Long-Term Care Plans for the Elderly. This council is also responsible for promoting the highest quality, broadest range, and most accessible services for the elderly. The latest revision of the Long-Term Care Plan for the Elderly set the following goals:

- To maintain an effective process for coordinating long-term care policies which affect the elderly.
- To develop an effective means for coordinating public, private, and voluntary long-term care services for the elderly.
- To provide the highest quality and most appropriate services possible in the home, community, and institutions.
- To assure the individual's access to the appropriate long-term care services.
- To promote and encourage families in caring for their elderly.
- To promote the utilization of research in aging.
- To stimulate and promote involvement and investment by current and potential providers in the development and delivery of long-term care services.
- To expand the role of volunteerism in the long-term care system.
- To develop an adequate number of qualified personnel to provide long-term care services.

## THE ELDERLY AND COMMUNITY VOLUNTEERS

To help prevent shut-in people from feeling too lonely, some communities set up a **Friendly Visitor Service**. This means that volunteers agree to come to the house and sit and talk with a shut-in person each week. It is a way of bringing the outside world in to people. Both the volunteer and the confined person receive pleasure from such visits.

Another volunteer service commonly available to the elderly is **Telephone Reassurance**. This service provides volunteers who telephone elderly people who have no relatives living nearby. Each volunteer telephones a list of elderly people each day to see if they are all right. If no one answers the telephone, it is reported to a central office where someone looks into the matter. These calls help the elderly feel that they are not forgotten.

## HIGHLIGHTS OF CURRENT LEGISLATION

The following descriptions highlight current legislative actions

### The Older Americans Act Amendments of 1984

- Reauthorizes Older Americans Act programs for three years.
- Places new stress on targeting programs to "older individuals with the greatest economic or social needs," with particular consideration given to low income minorities.
- Makes supportive services to victims of **Alzheimer's disease** and their families one of the priority services under Title III. Also adds a special emphasis to the Title IV training grants program to give special consideration to the training staff to work with Alzheimer's patients and their families.
- Requires that the **ombudsman** in each state, who has responsibility for investigating complaints in nursing homes and other facilities for the aged, be a full-time worker and makes other changes in the state ombudsman programs.
- Directs Area Agencies on Aging to place specific emphasis on community-based, long-term care services to help older people remain in their own homes.
- Creates a new Title VII which provides for health and nutrition education program materials in senior centers. If and when funded, the programs would focus on diet, mental health, hypertension, hypothermia and other health matters of concern to the elderly.

### Deficit Reduction Act of 1984

- Increased the amount of assets an elderly or disabled person can have and be eligible for Supplemental Security Income **(SSI)** benefits.

- Liberalized other SSI eligibility requirements and some benefit amounts.

- Raised the Medicare Part B monthly premium beginning in 1987.

**Domestic Volunteer Service Amendments of 1984**

- Extends through fiscal year 1986 authorizations for the Action agency's domestic volunteer service programs, including the Retired Senior Volunteer Program, the Foster Grandparent Programs, the Senior Companion Program, and Volunteers in Service to America **(VISTA)**.

- Requires that 20% of all VISTA volunteers be 55 or older.

- Expands the authority to use Senior Companions to assist the frail elderly to remain in their homes and the institutionalized elderly to return to home-care settings; provides for recruitment of volunteer professionals (such as doctors, nurses, social workers) to train senior companion volunteers to provide in-home services to the aged, including needs assessment.

**Environmental Programs Assistance Act of 1984**

In the Senior Environmental Employment Program, about 2,000 older workers and volunteers have assisted the EPA over the past five years in a variety of jobs, such as conducting surveys of pesticide use in homes, monitoring schools for asbestos, and working with communities on solid and toxic waste problems.

**Retirement Equity Act of 1984**

- Makes private pension plans more equitable for women by requiring plans to include certain provisions, such as increased opportunity for widows to receive survivor benefits and elimination of penalties against women who must leave the work force at intervals to meet family responsibilities.

- Liberalizes private pension plan eligibility and vesting requirements for workers of both sexes.

## LEGISLATIVE BILLS AFFECTING THE ELDERLY

In 1985, the Texas Department on Aging summarized Acts regarding the elderly passed by the 69th Legislature. The bills which more directly affected the elderly relate to:

- the Texas Department of Health investigation of employees in elder care institutions.

- the creation of the Texas Public School Retired Employee's Insurance Program.

- financial and billing procedures of hospitals.

- the requirements and standards for and location of family homes for disabled persons.

- the licensing and regulation of home health agencies and to the handling of complaints.

- group health insurance policies to continue providing coverage to family members after the retirement or death of a member of the group.

- the regulation of nursing home administrators and their notice of change.

## ORGANIZATIONS CONCERNED WITH LEGISLATION FOR THE ELDERLY

Various **advocacy** groups on aging are becoming increasingly more influential and beginning to have a noticeable impact on the formation of the nation's policies. The following groups are more widely known for their effectiveness in informing legislators of needs of the elderly:

**AARP (American Association of Retired Persons)**

informs members about legislative issues of special concern to older persons that are being considered by congress and state legislators.

works to educate legislators about the need for improved pension coverages, national health insurance program, elimination of mandatory retirement, and tax reform.

**AIM (Action for Independent Maturity)** (a division of AARP)

acts as a watchdog for the interests of older citizens when issues affecting the lives of mature Americans come up before congress and state legislators. They also represent the interests of the elderly by lobbying to increase Social Security and Medicare benefits.

**Gray Panthers** (a politically active group)

keeps abreast of legislation and programs for the aged.
alerts older Americans to pending legislation that might affect the elderly.

**Silver Haired Legislature**

(a body composed of delegates elected by older persons)

identifies legislative priorities desired by older persons.
lobbies for the implementation of the desired priorities at the local or state level.

As the care provider works directly with the elderly, they become aware of the needs that arise for older individuals. Through the growing cooperation between individuals working in services for the elderly, policy makers, and state and federal agencies, complete care for the elderly is becoming more of a reality.

## Points To Remember

- Legislation of interest to the elderly also affects those that work in services for the elderly.
- Issues relative to aging have been defined and attention has been focused on the elderly through national conferences on aging.
- The Older Americans Act makes supportive services to victims of Alzheimer's disease and their families one of the priority services.
- Bills of interest to the elderly are passed during legislative sessions.
- Organizations on aging are having a growing impact on the formation of policies of our state and nation.
- There are a variety of services available to help meet the needs of the elderly.
- Services available to the elderly may be state or federally funded or provided by a community.
- In Texas, older Americans are being helped to live more actively and independently through the efforts of the state department of aging.
- Plans to help meet the needs of the elderly are assessed by area agencies for the elderly.
- Local merchants often offer special discounts on goods and services to senior citizens.
- The main goal in creating services for the elderly is to help them live as actively and independently as possible.
- Services provided by volunteers in a community can help prevent shut-in elderly persons from feeling too lonely or forgotten.

## Words To Know

AARP
advocacy
Aging Network
AIM
Alzheimer's disease
Department of Health Education and Welfare
enabler
Friendly Visitor Service
Gray Panthers
Homemaker Services
indirect services
ombudsman
RSVP
SCORE

Silver Haired Legislature
SSI
STEP
Telephone Reassurance
Texas Department on Aging
VISTA

## Questions for Review

1. Why did the Texas Legislature form an agency to serve the older citizens of the state?
2. What types of services are available to the elderly?
3. Who is eligible for services provided for the elderly and how is priority determined?
4. What are two ways to gain information about the services available to the elderly?
5. What two goals have been set by the state agency to help meet the arising needs of the elderly?
6. List six goals set for the Long-Term Care Plan for the elderly.
7. What are two services for the elderly that are provided by community volunteers?
8. What were the results of each of the four national conferences on aging?
9. What three amendments were passed to meet the needs of the elderly after the Second National Conference on Aging?
10. Which legislative act has made the most important contributions to the elderly?
11. What type of information is covered in the bills passed by the legislative sessions which directly affect the elderly?
12. What organizations keep the elderly informed of new legislature?
13. What are the roles of AARP, AIM, and the Gray Panthers?
14. Why is it important for those working with the elderly to be aware of legislation of interest to the elderly?

# 3

# Job Opportunities in Services for the Elderly

**COMPETENCY TO DEVELOP**

- Analyze career and job opportunities in services for the elderly.

**OBJECTIVES TO ACHIEVE**

- Cite entry-level jobs in services for the elderly.
- Identify career and job opportunities in services for the elderly.
- Summarize the benefits and rewards of working with the elderly.

Services for the elderly is a profession devoted to making the lives of the elderly more pleasant and meaningful. Individuals working in services for the elderly are helping people.

## JOB OPPORTUNITIES

Many job opportunities are available in **services for the elderly**. There are potential jobs for working with the elderly in every community. Better living conditions, better nutrition, and better health care have resulted in longer, more productive, more enjoyable lives. Need for individuals to work in services related to the elderly will continue precisely because of this longer life expectancy.

People are now living longer than at any time in history. Medical sciences have extended the life span, but society has not kept pace.[1] Few people over sixty-five escape the problems often associated with aging. But with appropriate intervention through services by the elderly professional, these problems can be lessened or alleviated.

As an increasing percentage of the U.S. population (now about 12 percent) is 65 years or older, there will be a continuing need for services for the elderly. Each year approximately 1.4 million persons reach their sixty-fifth birthday! It is estimated that by the year 2000 this population will reach 32 million.[2]

Services for the elderly offers a broad range of job opportunities including the following: assisting and enabling elderly persons to remain comfortably in their own homes; helping elderly persons remain in the best possible health with the maximum possible independence; providing services to people in their homes to improve or maintain their abilities preventing **institutionalization** and reducing or relieving accompanying stress. In addition to the job opportunities found in working with the elderly in specific home situations, the job opportunities in services for the elderly continue to increase in specific institutional areas.

## ENTRY LEVEL JOBS

An individual who is willing to work, excited about the job, and determined to succeed, can find a number of different entry-level job opportunities in services for the elderly. The **entry-level iobs** may be found in home-centered health services and institutional care facilities. Positions in services for the elderly include care provider, home-health aide, housekeeper, home attendant, homemaker-home health aide, caregiver, companion, personal attendant, and homemaker. Individuals working in services for the elderly contribute toward helping people to lead healthier, happier, and more independent lives. Entry-level positions may require all or some of the following duties to be performed under close professional supervision:

**Personal Care**—Personal care includes all those areas generally taken for granted: care of the teeth, gums, and mouth; grooming (combing hair, shaving, trimming nails); baths (in bed, tub, and shower); care and selection of clothes; toileting (getting on and off a commode, toilet, or bedpan); simple movements (from bed to chair or wheelchair); walking (with crutches, cane, walker, or gentle assistance); exercising; dressing; preparing and serving special diets.

**Domestic Chores**—Domestic chores include all the things done around the house plus some basic health care: preparing and serving meals; dishwashing; feeding pets; making and changing beds; dusting and vacuuming rooms; cleaning the kitchen and bathroom and listing needed supplies; shopping for supplies and doing errands; doing laundry; checking the laundry to send out; ironing and mending; emptying trash; cleaning and defrosting refrigerator; reading and writing for the elderly person; transporting or escorting the individual; taking messages; and recording both TPR (temperature, pulse, and respiration) and fluid intake and output when required.

**Health Care**—Health care includes performing routine health care tasks: assisting with prescribed skin care and prevention of possible body and muscle deterioration due to bed confinement (back rubs, turning bedridden person, exercises, massages); helping in the use of support devices; assisting with dressing changes; observing and recording TPR; general monitoring of the individual's conditions, reminding person to take medication; applying heat or cold to problem areas such as aching back; and assisting with exercise, and walking.

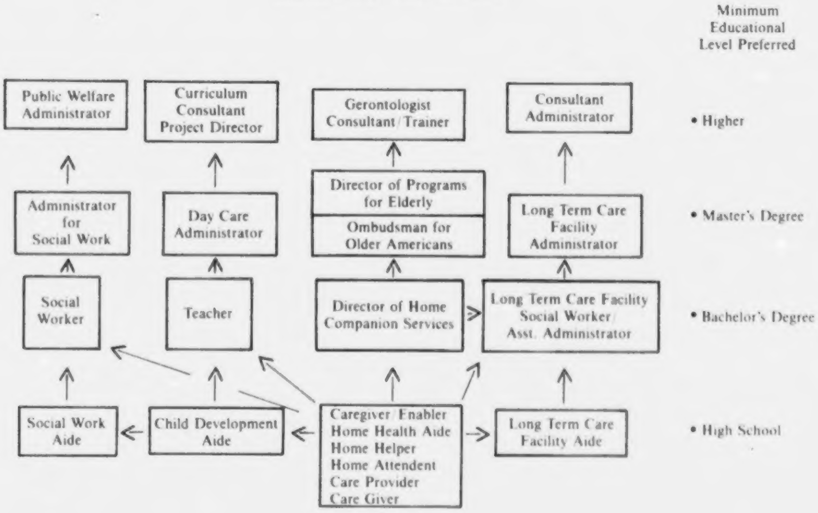
## OPPORTUNITIES FOR ADVANCEMENT

From an entry-level position individuals can move up to higher-level jobs through on-the-job experiences or through further education.

The chart on the following page identifies some of the positions available in working with the elderly. The right-hand column of the chart indicates the type of formal education usually associated with career advancement. There are, of course, variations and exceptions to this chart.

Most advancement for home-health aides is in the form of wage increases. However, a route for advancement would be for the home-health aide to become a licensed practical nurse (sometimes called a vocational nurse). The training program for Licensed Practical Nurse (L.P.N.) usually takes one year. Most programs require a high school diploma, but some will accept applicants with less education. The training combines both theory and supervised practice. As a practical nurse, a job opportunity in services for the elderly would be with the public health agency. Public health programs sometimes enable older couples to remain at home as the practical nurse visits the home to give needed care. Private homes, nursing homes, and elder care centers also give the practical nurse the opportunity to continue working in services for the elderly.

OPPORTUNITIES FOR ADVANCEMENT
IN
SERVICES FOR THE ELDERLY


Minimum Educational Level Preferred
Public Welfare Administrator
Curriculum Consultant Project Director
Gerontologist Consultant/Trainer
Consultant Administrator
• Higher
Administrator for Social Work
Day Care Administrator
Director of Programs for Elderly
Ombudsman for Older Americans
Long Term Care Facility Administrator
• Master's Degree
Social Worker
Teacher
Director of Home Companion Services
Long Term Care Facility Social Worker/Asst. Administrator
• Bachelor's Degree
Social Work Aide
Child Development Aide
Caregiver/Enabler
Home Health Aide
Home Helper
Home Attendent
Care Provider
Care Giver
Long Term Care Facility Aide
• High School

## RELATED JOB OPPORTUNITIES

Health care is the second largest industry in the United States today. The National Health Council lists more than 200 different health careers. About half of all health workers are in hospital settings. Others are working in nursing homes, community health departments, schools, rehabilitation centers, and doctor's offices. Nurses are in great demand especially in metropolitan areas. However, a need exists for qualified medical personnel in smaller communities where there is an increasing shortage. As America's population grows older, the nation's health-care needs will grow. Many areas of health care are changing to include study of aging and care of the elderly. Geriatric nursing is a rapidly growing new specialty.

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Because of their interest and work experience in assistance services for the elderly, care providers may be interested in furthering their training and education for related jobs in the health care field.

Training for health care nursing jobs include the following choices:

- two-year associate degree programs
- three-year diploma programs
- four- or five-year bachelor's degree programs

Advanced college degree programs are available for careers in nursing administration, education, and research.

Registered nurses (RN's) must be licensed. To qualify for a license, an applicant must have graduated from a state-approved school of nursing and must pass a state board exam. Some states now require continuing education as a part of license renewal.

The physician's assistant (PA) program is the newest type of health care career. It attracts high school graduates who, after high school, have worked as aides or orderlies in a hospital. Courses are diverse and range in length from six weeks to two and even four years. Graduates are prepared to assist physicians.

Many junior, or community colleges offer two-year programs leading to the Associate in Science (or Arts) degree in Medical Assisting. The physician's office is the most obvious place of employment for the medical assistant. However, with the growth of specializations in the field of medicine, the requirements and demands on the medical assistant vary. The care provider who has been working in assistance services for the elderly, could continue his or her interest by working as a medical assistant for a gerontologist. The professional medical assistant is trained to handle with equal adeptness the duties and skills inherent in both the clinical and administrative aspects of the office.

## BENEFITS/REWARDS OF WORKING WITH THE ELDERLY

Services for the elderly provide workers the opportunity to feel useful and to be needed. Individuals working in services for the elderly are committed to helping others and satisfaction comes from meeting the needs of others. For many elder care providers the feelings of contentment, joy, and peace experienced when they know their performance meets the needs of an elderly person takes **precedence** over **monetary** gains. Many elder care providers experience personal satisfaction when they realize they are receiving more from the elderly person than they ever give. This is often made evident to the employee when the elderly person expresses appreciation for the kindness, consideration, and care of the employee.

## Points To Remember

- Services for the elderly is a profession devoted to caring for the elderly.
- There will continue to be a need for individuals to work in services for the elderly because people are living longer due to better living conditions, better nutrition, and better health care.
- Services for the elderly offers a broad range of job opportunities.
- Entry-level jobs may be found in home-centered health services and institutional care facilities.
- Individuals in entry-level positions can move up to a higher-level job through on-the-job experiences or through further education.
- Services for the elderly provide personal satisfaction to the care provider which takes precedence over monetary gains.

## Words To Know

entry-level jobs
institutionalization
monetary
precedence
services for the elderly

## Questions for Review

1. Where are most entry-level job opportunities in services for the elderly?
2. Name five positions for jobs in services for the elderly
3. What are the three areas of duties the entry-level position may require?
4. Name two ways an individual in an entry-level position can move up to a higher-level job.
5. Briefly discuss the qualifications and duties of the physician's assistant and medical assistant.
6. What are three nonmonetary benefits provided by working in services for the elderly?

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[1] Gail House, "Instructional Methods In Training Paraprofessionals To Work With The Aged" (Doctoral dissertation, Texas Tech University, 1979).

[2] U.S. Department of Commerce, Bureau of the Census, Washington D.C.

# 4

# Employee Qualifications

**COMPETENCY TO DEVELOP**

- Describe personal qualities which lead to job success in services for the elderly.

**OBJECTIVES TO ACHIEVE**

- Describe the factors affecting the physical capabilities helpful for working in services for the elderly.
- Identify attitudes important for the elder care employee.
- Describe the ethics needed by employees working in services for the elderly.
- Summarize desirable qualities needed by elder care employees.
- Identify good work habits which lead to job success in services for the elderly.
- Cite how time management contributes to accomplishing routine work efficiently.
- Summarize work simplification.

Individuals working in services for the elderly are people who care. Caring is a positive feeling about something or someone. Caring is reflected in the way the care provider looks, speaks, performs tasks, and treats others.

## EMPLOYEE CHARACTERISTICS

Individuals working in services for the elderly possess certain personal characteristics which contribute to success when working with elderly persons. Some of the characteristics are built into the individual's personality; other characteristics are learned. Desirable personal characteristics for individuals working in services for the elderly include certain physical capabilities, attitudes, **ethics**, and personal qualities, as well as good work habits and time management skills.

## PHYSICAL CAPABILITIES

To **administer** to the needs of the elderly, the care provider for the elderly needs certain physical capabilities. The provider should have physical and mental well-being. The care provider should have a high energy level, be physically strong, and should be free of back problems. Other factors affecting the employee's well-being include the following:

**Good posture**—It is important to maintain correct posture in walking, standing, and sitting to allow body organs to function properly, to stimulate circulation, to correct bone **alignment**, and to promote better respiration. An individual working with the elderly needs to be free of minor aches and pains which can be eliminated by good posture.

**Sleep and rest**—Adequate rest and sleep are necessary for the care provider to be alert on the job. The average person requires seven to eight hours of sleep nightly; however, the amount required may vary from person to person.

**Nutrition**—A well-balanced diet which includes six to eight glasses of water daily is extremely important for the care employee to remain healthy. A poor diet may result in irritability, nervousness, tiredness, and **susceptibility** to illness. It is important, too, for the care provider to have a good meal before beginning a work shift. When health care providers omit meals, their energy level, mental attitude, and performance may be directly affected.

**Exercise**—The care provider needs to participate in regular exercise because exercise relieves daily tensions and stimulates a healthy mental attitude.

**Personal hygiene**—The care provider should be clean and neatly dressed. Elderly people often feel that the care provider who exhibits good personal care will take good care of them. In fact, how well an elderly person likes and receives a care provider may be determined by the appearance and grooming of the care provider.

The care provider should keep in mind that the most important single factor in establishing a personal grooming routine is cleanliness. A daily shower or bath is essential and a deodorant or an antiperspirant should be used daily. Nails must be kept clean and neatly trimmed. Wedding bands can be worn, but other jewelry should not be worn because it may get in the way or may injure an elderly person. While on duty only clear nail polish (if any) should be worn.

A clean mouth and teeth are important in preventing bad breath. Therefore, the care provider should brush and floss his or her teeth daily.

Hair must also be kept clean. It should be neatly arranged, and in a style that requires little attention. Hair styles should conform to any health regulations of the state or health care facility.

Facial hair should be kept clean and trimmed. Females should apply cosmetics sparingly. The care provider should avoid the use of perfume or shaving lotion when working.

The clothes or uniform of the elder care provider should be clean, comfortable, well fitting, and in good repair. Shoes should be clean, comfortable, and fit well. Frequent polishing will keep white shoes white. Shoestrings must be washed often to keep them clean. Hosiery must be clean and free of snags, or runs.

## ATTITUDES

Individuals working in services for the elderly like and understand people and want to help others. It is easy to take on the problems of elderly persons needing assistance. Thus, it is important that care providers keep their work and personal lives separate. For elderly persons to be helped, they must be comfortable and relaxed with the care provider. Therefore, individuals working in services for the elderly should have a positive outlook on life and should continually work on developing and maintaining their own emotional **stability** by being cheerful, honest, sympathetic, and considerate of others. Certain attitudes, including the following, help the care provider give the elderly person a sense of security and confidence:

**Dependability**—the ability to do required tasks well without direction.

**Responsibility**—the ability to accept one's obligations, answer for one's conduct and actions, and deserve the trust or confidence of others.

**Patience**—the ability to bear provocation, annoyance, misfortune, what is disagreeable or what requires effort without complaint, loss of temper, or irritation.

**Tolerance**—the ability to have a fair and objective attitude toward those whose opinions, practices, race, religion, nationality differ from one's own.

**Kindness**—the ability to give respect and special regard to others.

**Courteous**—the ability to be polite and considerate and to cooperate with others.

**Friendliness**—the ability to display a warm and outgoing attitude toward others.

**Empathy**—the ability to be aware of and understand another's feelings.

**Sympathy**—the ability to share the feelings of another, especially in sorrow or trouble.

**Flexibility**—the ability to adjust to meet new needs or a changing situation.

**Tactfulness**—the ability to do and say the right thing at the right time.

**Stability**—the ability to understand pressure and remain calm in crises.

**Initiative**—the ability to be a self-starter rather than waiting to be told by others when, where, how, and what to do.

**Accuracy**—the ability to be careful and meticulous consistently avoiding mistakes.

**Alertness**—the ability to grasp instructions and meet changing conditions.

## ETHICS

The term ethics refers to a system of moral principles. This means principles of behavior with respect to the the rightness and wrongness of certain actions. The following points of ethics are important for job success when working in services for the elderly:

**Loyalty**—the ability to be faithful to commitments or obligations.

**Honesty**—the ability to show fairness, truthfulness, sincerity, and integrity.

**Judgment**—the ability to make a decision, or form an opinion by using comparison and discrimination.

**Respect**—the ability to display admiration and approval together with deference to others.

## QUALITIES

Individuals working in services for the elderly will also find the guidelines related to the following qualities helpful in working with the elderly:

**Sense of humor**—the ability to find something funny in an embarrassing or unpleasant situation and change a disastrous experience into a pleasant or even an amusing event.

**Self-confidence**—the ability to exhibit a sense of one's own self-worth which wins the confidence of others.

**Genuine interest in people**—the ability to demonstrate care, concern, and understanding to all kinds of people from all kinds of backgrounds.

In addition to the attitudes, ethics, and qualities discussed which are needed by all employees, the care provider for the elderly must follow an ethical code of conduct at all times. An ethical care provider gives the same quality of care to all elderly persons regardless of their economic status, race, or religion. Every elderly person should be treated with equal kindness, courtesy, and respect.

There are other qualities unique to working in assistance services for the elderly. These qualities will add to the success of the care provider in working with the elderly:

**Sensitivity to aging**—the ability to understand the aging process, to observe and treat each elderly person as an individual, to communicate effectively, and to create a helping relationship with the elderly person. Avoid categorizing and labeling the elderly; they are as different from each other as younger people. A positive accepting attitude about age and the elderly enables the care provider to offer genuine concern and empathetic support and allows the care provider to work more effectively with the older person.

**Confidentiality**—the ability to encourage trust and to refrain from divulging confidences, secrets, and intimacies of others. The care provider must not discuss information from a person's chart, information concerning the person, or information about personal matters such as family problems, details of illness, etc. with anyone except a supervisor.

**Communication skills**—the ability to express ideas clearly and to respond to others' attempts to communicate. Good interpersonal relationships with the elderly, their visitors, and co-workers will make the job of the care provider easier and more rewarding.

## GOOD WORK HABITS

Working in services for the elderly deserves the care provider's undivided attention and best effort. Along with a genuine interest and a positive attitude, the care provider for the elderly should possess good work habits. The following guidelines will help the care provider develop good work habits important for a high quality performance:

**Promptness and attendance**—Care providers should be on time to work. Whether they are working in a private home or in a care facility, others depend on care providers every day they are scheduled to work. The duties which must be performed during the day determine employees' work schedules. In the event of an emergency, such as illness or death in the immediate family, the employer should be notified at once; adjustments in the schedule must be made. Being late or absent disturbs the operation of the home or institution and frustrates other individuals.

**Good use of work time**—Care providers for the elderly should avoid the misuse of time when they are scheduled to work. Personal phone calls are a misuse of work time and should be kept to a minimum. Loafing, idleness, gossip, visiting, and disorderly conduct represent wastes of time. This misuse of time also interferes with others who are trying to do their work.

**Use of proper language**—Individuals working in services for the elderly should watch their language and use the best grammar they can. Care providers should learn to use clinical terms and work to improve their grammar if necessary. Cursing and crude gestures are inappropriate on any job.

**Confidential information**—Individuals working in services for the elderly should respect and hold in confidence all information concerning the situation, condition, or treatment of an elderly person. In communities where everybody knows everybody, confidentiality may be difficult, but confidential information must be kept confidential.

**Hand Washing**—When working in services for the elderly, care providers should wash their hands thoroughly with soap before and after all care procedures to protect the elderly person, as well as themselves and others from infection. The purpose of hand washing is to remove as many germs as possible. Recent research studies indicate the use of bar soap may be a means by which bacteria is transmitted. Liquid soap or dry powders are suggested for use. Likewise, disposable paper towels are recommended.

## TIME MANAGEMENT

The care provider should take a few minutes at the beginning of the day or shift to plan and organize the day's work. Although the daily routine may vary, certain tasks must be accomplished. Implementing work simplification into the plan for organizing work will help the caregiver accomplish routine work efficiently. Work simplification means the simplest, easiest, and quickest method of doing work. Wasted effort can be avoided when the care provider becomes motion conscious, learns to use simple rules, and understands the rewards of work simplification. Some general rules for reducing fatigue and increasing the amount of work to be done include the following:

Eliminate unnecessary steps.

Select the correct tools and supplies for the job.

Maintain good posture.

Concentrate on the task.

Clean up as a task is completed.

Return tools and supplies to their proper place.

Make use of return trips.

Store items frequently used where they are easily reached.

## WORK SIMPLIFICATION

The principles of work simplification can be summarized in four words: **eliminate**, **combine**, **rearrange**, and **simplify**. The task can be made easier by applying the following rules:.

Have a clear idea of what is to be done.

Know how the task should be done.

Be aware of what is involved in each step.

Know what tools, equipment, and supplies are needed for the task.

Organization can save time and energy. Knowing what needs to be done, when it should be done, and what tools, equipment, and supplies are needed, aids in work simplification.

## Points To Remember

- Factors affecting the physical capabilities needed by a care provider include good posture, adequate sleep and rest, proper nutrition, regular exercise, and good personal hygiene.
- Desirable attitudes which help the care provider give the elderly person a sense of security and confidence include dependability, responsibility, patience, tolerance, kindness, courtesy, friendliness, sympathetic flexibility, tactfulness, stability, initiative, accuracy, and alertness.
- Ethics important for job success when working in services for the elderly include loyalty, honesty, judgment, respect, and confidentiality.
- Qualities helpful in working with the elderly include communication skills, sense of humor, self-confidence, genuine interest in people, and sensitivity to aging.
- The care provider for the elderly should be on time to work whether working in a private home or in an elder care facility.
- The care provider is responsible for knowing the rules governing smoking, coffee breaks, and times for meals.
- Personal neatness and absolute cleanliness are especially important for the care provider working in services for the elderly.
- Care providers should avoid the misuse of time when they are scheduled to work.
- The care provider should never use abusive language and should work to improve grammar if necessary.
- Confidential information must be kept confidential.
- Care providers should follow the correct procedure for washing their hands before and after all care procedures in order to protect the elderly person, as well as themselves, and others from infection.
- Work simplification means the simplest, easiest, and quickest method of doing work.

- The principles of work simplification are eliminate, combine, rearrange, and simplify.

## Words To Know

administer
alignment
confidentiality
dependability
empathy
ethics
patience
stability
susceptability
tactfulness

## Questions for Review

1. Name five physical capabilities helpful for working in services for the elderly.
2. Explain how six of the attitudes discussed in the previous chapter can help the care provider give the elderly person a sense of security and confidence.
3. Summarize the meaning of the term "ethics" as related to services for the elderly.
4. Why are ethics important for job success when working in services for the elderly?
5. Relate the importance of communication skills to the elder care provider.
6. How does a sense of humor contribute to success when working in services for the elderly?
7. Name four good work habits the care provider for the elderly should possess.
8. What is time management and how does it relate to the care provider's job?
9. What is work simplification?
10. Explain the principles of work simplification.

# 5

# Physical Needs of the Elderly

**COMPETENCIES TO DEVELOP**

- Point out the physical needs of the elderly.
- Determine the physical changes which occur with aging.
- Analyze the measures to lessen the effects of physical changes in the elderly person.

**OBJECTIVES TO ACHIEVE**

- Describe the physical needs of the aging person.
- Cite factors which affect the process of aging.
- Summarize the physical changes that typically occur as a person ages.
- Describe signs to look for when observing physical changes.
- Find measures to lessen the effects of physical changes in the elderly person.

To better understand the behavior of the elderly person it is necessary to know about the changes that normally occur in the body as people age. These physical changes can have an important effect on people's attitudes, self-concept, and ability to perform daily tasks. People age at different rates, and different tissues and systems within one person show differences in rates of aging as well. Therefore, while it is useful to discuss the average older person, it is important for the care provider to keep in mind that, the physical needs of elderly individuals vary.

The physical needs of the elderly are basically the same needs of all people; however, these needs may have to be met in different ways. As aging occurs, a degree of independence may be lost. Some older people need only minimal assistance such as helping with meals or reminders to take medication. Others who have had a severe illness may need additional help with activities such as bathing or dressing. Giving the necessary assistance in an understanding manner enables the aging person needing physical help to remain an independent person.

## BASIC NEEDS OF THE ELDERLY

The physical needs of the elderly person will vary with each individual as well as each situation. If an elderly person needs care, determine what that person may need, what they are able to do, and what can be done for them. People in need of physical assistance should be challenged and encouraged to care for themselves as much as possible. At times it may be both easier and faster to complete a task for the person in need, but this can lead to the person losing independence. Caring for the elderly in need of physical assistance will take time, patience, and understanding on the part of the care provider. One of the main purposes of the care provider-elderly person relationship is to enable a greater independence on the part of the elderly person and prevent dependence on the care provider or care facility. The **paradox** is that the elderly person must be dependent on the care provider to some extent to achieve this independence.

There will be some situations in which a care provider must encourage older persons to be dependent. For example, older persons who have always been very independent and self-sufficient frequently have difficulty accepting that the particular way they are aging requires accepting help from someone else. To these persons, being dependent on another means that they are now less valuable, less worthwhile persons. The care provider's task here is twofold. One is to adapt the environment so that older persons can continue to do as many things as are safe. The other is to help elderly persons continue to feel respected and valuable despite some limitations on activities and despite the need to depend on others for help in a few areas.

In some situations the care provider will find people who are so overwhelmed with all of the problems that they seem unable to make decisions or act on their own behalf. Frequently these cases require the care provider to demonstrate a willingness to be dependable, to reassure the older person that the care provider will take care of some things without the older person needing to do much of anything. As the care provider makes some changes for the better in the situation of the elderly person, the elderly person begins to feel that other changes are possible. With encouragement from the care provider, the elderly person starts to take on more and more responsibilities.

A person with greater physical needs may be confined to bed. This type of person may have lost control over bowel and bladder functions and will need daily assistance with changing clothes, brushing teeth, or eating. In this situation, it often becomes important for the care provider to look not only at what can be done for the person, but if assistance will be needed to properly care for the person. Helping a person with greater physical needs can be exhausting at times, but it can also become a very rewarding experience. When working with this person, it will be important for the care provider to be aware of the full extent to which the individual will need help so that the physical and emotional needs may be met in the best way possible.

## PHYSICAL CHANGES

To better understand an elderly person's behavior, knowledge about the changes that occur as people age is essential. Aging takes place at different rates and certain changes in the body can eventually be expected. Since aging is an individual process, the physical changes that occur with age will be different with each person. Changes that occur and the rate at which they progress will be affected by diet, health care, exercise, stress, mental attitudes, disease, and environmental conditions. The following are changes that typically occur as a person ages:.

## PHYSICAL APPEARANCE

Changes in physical appearance, usually the most obvious indicator of age, take place at vastly different rates. For example, graying or thinning hair is one of the most noticeable distinctions of old age. Other physical changes also occur as people age: body maintenance generally becomes more difficult; often the skin becomes less elastic, somewhat drier, wrinkled, thinner, and often discolored; warts may develop; varicose veins become more prevalent; the eyelids thicken slightly; the shoulders narrow; the hips broaden; and collagen, the connective tissue between joints, wears thin causing vertebrae to squeeze closer together and causing overall body shrinkage. Remember, the most important point, all of these changes do not occur to everyone or at the same time. This is only a general pattern for aging.

## INTERNAL ORGANS AND SYSTEMS

Every day, thousands and thousands of cells in the human body die. As people grow older, the body's capacity for reproduction of cells slows; and with this slowing, deterioration begins to take place. A person's previous history of injury, disease, and lifestyle will play an important part in determining the rate at which the body's various systems slow. An overweight smoker, for example, will age at a much faster rate than an athletic non-smoker. As the body's reproductive capability deteriorates, organs and organ systems begin to function at a slower rate.

The **cardiovascular,** or circulatory system is affected. The heart begins to shrink, heart valves become less flexible and thicken and do not close as efficiently. The walls of the heart thicken slightly in places; the heart's capacity to use oxygen lessens; fatty deposits increase around the heart; blood pressure often increases as the arteries becomes less elastic; and from 30 to 70 years old cardiac output decreases on the average of 30 to 40 percent. Lifelong, proper diet and vigorous exercise can vastly increase the life and productivity of the cardiovascular system.

The **respiratory system** also changes. Lost muscle tone decreases breathing ability and coughing or breathing deeply are impaired as the lungs become more rigid and stiff. Again, exercise throughout life will greatly increase the aerobic capacity of the lungs.

The **digestive system** also ages. Various glands in the system change. These may affect absorption rate, taste, and the smell of food. The acidic juices in the stomach experience change and can affect certain drugs. With the loss of absorption, undernutrition, especially Vitamin B, becomes a concern. Another concern is poor digestion due to lower digestive enzyme levels. And finally, bowel activity often decreases. Diet has a lot to do with the severity of many digestive problems, and, as before, exercise, under medical supervision, can improve digestion.

The **urinary system** is another that experiences some change. The flow of blood through the kidneys, the body's waste filtering system, is often reduced and general kidney function deteriorates as well. Loss of muscle control contributes to bladder problems and, in males, an enlarged prostate gland often causes urination problems.

The **skeletal system** needs consideration. As mentioned earlier, collagen decreases causing a general shrinkage in body stature. Beyond this, bones often become more brittle, porous, lighter, and are more easily broken; cartilage gradually atrophies or wears out and joints become stiffer.

Finally, the **muscular system** changes. Muscle tissue breaks down and shrinks and is not as abundant. In cases of injury, scar tissue replaces healthy muscle tissue and muscles become less elastic. Nerve impulse speed slows and consequently, reflexes slow.

Older Americans do not necessarily experience all of these discomforts. The majority, however, will experience some. Proper diet and exercise supervised by a physician cannot be overemphasized.

## SENSORY CHANGES WITH AGE

Starting around the age of 30, the five senses (sight, sound, smell, taste, and touch) seem to lessen as people grow older. After age 60, the loss becomes more noticeable. Older people are often frustrated as they cannot see as far or hear as well. The care provider should be aware that these sensory changes can affect the behavior of older people. As before, remember, not all changes occur to everyone at the same time.

**Vision** often becomes less acute as people grow older. The lens of the eye becomes less elastic and eye muscles have increased difficulty focusing. The eyes become more sensitive to glare, but less sensitive to light. Clarity (acuity) decreases. Finally, as the lenses age, they yellow thus allowing colors such as yellow, orange, and red to be more easily seen, but blocking out colors like violet, blue, and green.

**Hearing**, too, is often affected as people age. As the arteries harden, less blood may be able to get to the ear. Stiffening joints may cause the connections between the three tiny bones in the middle ear to stiffen and, in severe cases, may lead to deafness. The years of damage done by environmental noise may cause the loss of high and/or low range noise causing the loss of some sounds.

**Taste** also changes. Taste buds, parts of the tongue which identify flavor, decline in number and functions. Salty flavors eventually disappear while the identification of bitter, sour, and sweet flavors continues well into old age.

**Smell**, as the other senses, is also affected. Certain odors, such as flower and perfume, become indistinguishable. There is generally less awareness of body and household odors, and there is an inability to detect a new odor after smelling a strong odor over a period of time.

**Touch**, the ability to feel, or feel differences in the textures of objects, decreases. Also, there is often a decrease in the ability to sense temperature, slight pressure, and pain.

## MOTOR ABILITIES

For many elderly persons, movement becomes somewhat more difficult due largely to decreased strength and energy and increased stiffness in joints. When exerting strenuous effort, it will generally take longer to recuperate and the ability to coordinate fine muscle movements will decrease.

## OBSERVING PHYSICAL CHANGES

When caring for the elderly, one of the most important responsibilities of the care provider will be to watch for little changes that may signal a health problem. A serious illness can be prevented simply by watching for early trouble signs. When observing an older person's physical condition, the care provider should watch for signs of pain, swelling, a change in color of the skin, and general strength. The care provider should report the observations to the doctor, nurse, or other supervisor. The following chart lists some trouble signs the care provider should watch for when caring for the elderly:

### OBSERVATION CHART

| | |
|---|---|
| Abdomen | Swelling, tenderness, pain or cramps |
| Arms and Hands | Ability to move, including a high reach and a tight grasp; fingernails with a bluish tinge |
| Back | Swelling at lower back or hips; white or red patches that indicate potential pressure sores |
| Between the legs | Redness, swelling, odor, or discharge in or near the genitals |
| Chest | Noisy breathing, cannot cough deeply; both sides of the chest do not move together with each breath; rash or irritation under the breasts |
| Ears | Drainage; sores behind ears; changes in hearing |

| | |
|---|---|
| Eyes | Red or sore eyelids and rims of eye, clouding in the eyes; different-sized pupils |
| Feet | Sores on heels and the bones at the ankle; difference in color; ingrown toenails |
| Hair and Scalp | Sores; dryness; brittle hair |
| Legs | Ability to move, including the distance kicked frontwards, sideways, and backwards; swelling or redness of knees and ankles |
| Mouth | Mouth odor; sores or cracks on the lips; poor condition of gums and teeth |
| Neck | Swelling; unable to turn neck from side to side |
| Nose | Inability to breathe clearly through the nose |

Remember, when caring for the elderly the care provider will be able to notice slight changes more readily than someone else due to daily contact. Any and all concerns pertaining to the health of the elderly person should be reported immediately to a nurse, family doctor, or other health professional.

## MEASURES TO LESSEN THE EFFECTS OF PHYSICAL CHANGES OF THE ELDERLY

As the care provider gains a better understanding of the changes that normally occur in the body as people age, the care provider must become aware of the steps that can be taken to lessen the effects of certain changes and disorders. The care provider should keep in mind that people age at different rates, and different tissues and systems within one person show differences in rates of aging as well. Some measures to lessen the effects of physical changes of the elderly includes the following:

### Cardiovascular (Circulatory) System

As mentioned earlier, proper diet and exercise can greatly increase the longevity of the cardiovascular system. Both diet and exercise should be supervised and maintained by a physician. There are other areas where the care provider can directly intervene that can help to improve circulation.

A lukewarm bath can often help. Be careful that the water is not too warm or too cool and make sure the person is dried thoroughly after the bath.

Providing warmth also helps to improve circulation. General body warmth rather than locally direct heat is more desirable. The room should be warm and free of drafts. The elderly person should wear sufficient clothing to keep warm without perspiring. Precautions should be taken to avoid chilling because of poor circulation. Local or direct applications of heat or warmth such as hot water bottles, hot soaks, and heating pads should not be applied without written orders.

Certain amounts and types of food and fluid help to regulate circulation and to prevent infection. Calories, fats, proteins, and vitamins are regulated according to weight and age of the person and their needs.

**Respiratory System**

A sitting position in which the body is adequately supported is best for people with respiratory difficulties. They can breathe more easily sitting up.

A person with a respiratory problem needs sleep. The surroundings should be made as quiet as possible to help the patient rest.

The use of oxygen through a respirator may be needed occasionally to assist with breathing.

People with respiratory disorders may eat poorly because they lack strength or fear eating will bring on a coughing spell, shortness of breath, or other problems. Smaller servings of food can be offered and assistance given when necessary.

**Digestive System**

Meals should be attractive and unhurried.

Activity and exercise help in preventing constipation.

A diet that includes enough fluids, bulk or fiber, fresh fruit, and vegetables will aid in preventing constipation. Antacids and laxatives should not be overused.

**Urinary System**

When the kidneys are unable to maintain the fluid balance in the body, fluid loss from the body must be carefully measured so that just the right amount of fluids are given to the elderly person.

If fluids are limited, the elderly person should be offered chewing gum, a wet cloth, or lemon swabs to help keep the mouth moist.

**Skeletal System**

Good general nutrition aids in keeping the skeletal system healthy.

A diet should be planned for those who are overweight.

Aspirin can relieve a minor aches and pains (but should be used only if advised by a physician).

Exercises should include range of motion and breathing exercise coupled with a moderate overall exercise program.

Good body posture will help reduce wear on the skeletal system.

### Muscular System

A broad range of exercises that use the body's muscle groups is helpful in maintaining tone and strength.

Deep breathing exercises also help oxygenate muscle tissue.

Again, good posture aids muscles, making their job easier. One of the most strenuous body functions is digestion; bulk or fiber in the diet will aid digestion.

### Vision

A visually handicapped elderly person can cope with objects better if the objects are placed within their field of vision. The care provider should face the person and stand so the light falls on the face of the care provider.

Large lettering and labels on objects may assist an elderly person with visual difficulties to perform, independently, the activities of daily living.

Uncluttered surroundings make it easier to find things.

By keeping all objects in familiar spots, the person who cannot see well can find them easier.

Color coding can also be very helpful in aiding a person who cannot see well.

Giving advance warning of things in their path helps reduce fear and misunderstanding in visually handicapped persons.

### Hearing

Standing directly in front of an elderly person with hearing loss makes it easier for him or her to read lips.

Speak toward the ear in which the hearing is better.

Using appropriate hand and body gestures helps people who have a hearing loss to understand more clearly.

Shorter sentences and clear, concise words are easier to understand. The care provider should avoid using slang or unfamiliar words and should avoid teasing.

Touching is important to those who are hard-of-hearing.

### Touch

Try to communicate through touch. This helps the person with decreased touch sensation overcome some of the loss.

Verbal instructions and warnings will help prevent injury and aid in adjustment to the loss.

When handing an object to elderly persons with poor sense of touch, make sure that they have a firm grip on it before letting go of the object.

When touching an elderly person, one may need to use slightly more pressure.

**Taste**

The more attractive and pleasant food is in appearance, the more likely elderly people are to eat it.

Keeping food separate on the plate makes it easier to identify.

Different textures in a meal help with food identification. However, if the person must be fed by others, foods of different textures should not be fed at the same time because it can contribute to choking.

Good mouth and dental care can help the elderly person enjoy food more.

Providing highly taste-filled food such as cheeses, pickles, and ice cream can help elderly persons with taste losses enjoy eating more.

**Smell**

It is helpful for elderly persons with decreased sense of smell to try to smell food before it is placed in their mouth.

By telling the person in advance what is going to be served, he or she will have an opportunity to recall how it smells.

Labeling items that look alike helps in identification with the other senses.

## Points To Remember

- The physical needs of the elderly vary from person to person.
- Elderly persons, like everyone, should be encouraged and challenged to care for themselves as much as possible.
- Physical changes that occur and the rate at which they progress are affected by diet, health care, exercise, stress, disease, and environmental conditions.
- Physical appearance is usually the most obvious indicator of age.
- The structure of organ systems often, and gradually, deteriorate and become less efficient as a person grows old.
- Sensory changes usually start in the late 30's and early 40's but become more noticeable after age 60.
- A serious illness may be avoided if the care provider watches for early trouble signs.

- Concerns related to slight changes in a person's physical condition should be reported to a supervisor immediately.
- Certain measures can be made to lessen the effects of physical changes in elderly people.

## Words To Know

cardiovascular
digestive system
muscular system
paradox
respiratory system
skeletal system
urinary system

## Questions for Review

1. Why should elderly people in need of physical assistance be challenged and encouraged to care for themselves as much as possible?
2. What type of assistance might the elderly person with physical movement limitations need?
3. Why is it important to gain knowledge about the physical changes that occur with aging?
4. List three changes that typically occur in physical appearance as a person ages.
5. What happens when the structure of organs and organ systems deteriorate?
6. List one change that occurs with each system as a person ages.
7. What is one of the most important responsibilities of a care provider when caring for the elderly?
8. To whom should concerns pertaining to an elderly person's health be reported? When?
9. List six measures that can be used to help the elderly person with physical needs.
10. Why does movement for the elderly become more difficult with age?

# 6

# Emotional Needs of the Elderly

**COMPETENCIES TO DEVELOP**

- Point out the emotional needs of the elderly.
- Determine factors which may cause changes in the emotional well-being of an elderly person.
- Examine emotional problems of the elderly.
- Analyze ways to help the elderly person with emotional adjustments.

**OBJECTIVES TO ACHIEVE**

- Identify the emotional needs of the elderly.
- Describe how human needs affect the emotional well-being of the elderly.
- Summarize ways to help ease feelings of threatened needs experienced by the elderly.
- Summarize the changes/losses that may affect the emotional well-being of an older person.
- Identify emotional problems of the elderly.
- List factors which may promote emotional adjustments to losses.
- Describe ways a care provider can help an older person adjust to changes.

Problems encountered by the elderly are similar to those of other adults: financial concerns, living conditions, family and peer relationships, physical illness, and the loss of a loved one. In addition, older persons face retirement. Whether older persons look forward to retirement with the anticipation of enjoying life and doing what they have always wanted to do, or whether they dread retirement with the anticipation of nothing to do, there is stress in the adjustment to a different lifestyle. In these events, the person involved might experience feelings of **depression**, **anxiety**, **grief**, **loneliness**, dissatisfaction, or a lack of self-respect. How well people are able to handle or cope with problems will often determine their emotional well-being. Most elderly are able to cope very well with the changes of old age by themselves, with the help of family members, friends, or an understanding care provider.

## EMOTIONAL NEEDS OF THE ELDERLY

Everyone, regardless of age, has the same basic emotional needs—the need to feel comfortable with themselves and the world around them. Since human needs may affect emotional well-being it is important for a care provider to be aware of what the needs are and the ways in which he or she can help the elderly from feeling as if these needs are being threatened. A psychologist, Abraham Maslow, put all human needs into five categories and formed a hierarchy of human needs. As hierarchy suggests, these needs are structured in levels: Physical Survival needs are basic; Self-Fulfillment needs are more advanced. He stated that a person strives to fulfill higher needs as the more basic ones have been satisfied, and for a person to be truly satisfied, all five needs have to be met. The diagram below is **Maslow's hierachy** of human needs.

Self-Fulfillment

Self-Worth

Love

Safety and Security

Physical Survival

For some elderly people who have spent their life striving to fulfill these needs, a threat to a fulfilled need such as the death of a spouse or loss of physical health might upset their emotional well-being resulting in feelings such as depression, grief, loneliness, loss of self-respect, or dissatisfaction. These are not reactions exclusive of old age. When a loved one dies, we all experience grief, depression, and loneliness. Care providers must recognize these feelings as being natural.

### PHYSICAL SURVIVAL

**Physical survival** is the most basic human need and includes rest, food, clothing, shelter, safety, activity, and avoidance of pain.

These basic physical needs do not all have to be met. But the more each person's physical needs are met, the better the quality of life for the person.

Basic needs such as love, affection, independence, security, acceptance, recognition, trust, and socialization must also be satisfied for the person to have a healthy emotional outlook. Again, these needs do not have to be met each day.

Physical and emotional needs overlap and affect each other. When a need is out of balance, such as during an illness, the other needs are affected. For example, during an illness activity is reduced, food intake changes, weight often changes, clothing may not fit the same, and as a result the person's attitude and behavior may change. The person may be frightened, sad, angry, or depressed. The care provider may not always be able to determine why a person is reacting in such a manner. But the care provider must report the changes and reactions of the person to the doctor or person in charge. In turn, they, can review the person's actions to see if a need is not being met. Usually, with a change in the care plan, the need will be met and the person's behavior will change.

When working in services for the elderly, it will be helpful for the care provider to understand possible emotional feelings which may develop in an elderly person as well as how the care provider can help to reduce such feelings.

### Anxiety

Symptoms include the following emotional reactions: insomnia, denial, complaining, restlessness, fatigue, incompetence, fantasizing, hostility, dependent behavior, and isolation. Other signs include chain smoking, pacing, inability to sit still, fidgeting and nervous mannerisms. Physical symptoms might include increased pulse rate, blood pressure, and frequency or urgency in urination.

Ways to help reduce anxiety in older people include the following: Each individual has his or her own way of decreasing anxiety. What may work for one person might not work well for another. In addition, it is sometimes difficult to detect anxiety in older people because they may often hide their feelings. To reduce anxiety try the following:

1. One of the best things that can be done to reduce anxiety in older people is to simply sit with them and to listen carefully to them. The mere presence of other persons, especially loved ones, helps to reduce anxiety.

2. Touch may also help in reducing anxiety. Holding the person's hand and physical closeness may be very reassuring.

### Depression

Depression in older people tends to be somewhat different from that found in younger people. For that reason, people who work with the elderly must be able to recognize and deal with depression effectively. Some symptoms of depression follow:

1. Emotional signs of depression might include sadness, feeling blue and crying spells.

2. Physical symptoms include insomnia, decreased appetite, decreased weight, constipation, heart palpitations, fatigue, slowing of movements, and agitation.

3. Other symptoms include **apathy** (uncaring attitude), confusion, emptiness, hopelessness, indecisiveness, irritability, dissatisfaction, feeling worthless, and considering suicide.

Points to remember in dealing with depression include the following:

1. Failing physical health is difficult for many older people to cope with. There is a very close relationship between poor physical health and mental illness. Careful attention should be paid to those with sensory losses to help them reduce their losses and to prevent depression.

2. Depression can often be hidden by anxiety, insomnia, poor nutrition, and lower energy levels.

3. Denial is a widely used defense mechanism among older persons. It can be either used to advantage or disadvantage by a depressed older person.

4. Depression may be mistaken for brain disease.

5. Apathy (uncaring attitude) is characteristic of depressed persons in later life.

6. Depressed persons are usually **not** disoriented.

7. Careful attention should be given to the depressed client's physical complaints.

8. An effort should be made to promote an attitude of hope among depressed older persons.

9. Constant efforts should be made to promote good feelings about self (self-esteem) among depressed older people.

10. The older person should be rewarded for even the smallest gain or effort to change his or her behavior.

Older people who are experiencing depressed feelings must maintain their self-esteem. The following are ways the care provider can help older people have good feelings about themselves:

1. Establish a good one-to-one relationship.

2. Provide an opportunity to join a group.

3. Offer sincere compliments to the older individual.

4. Display sincere interest in the older person and in his or her interests.

5. Seek the older individual's counsel or advice.

6. Comment on performances (past ones if present ones are not easily remembered).

7. Assist in the expression of anger if it exists.

8. Share guilt feelings.

## Grief (Mourning)

Grief may be brought on by the loss of a loved one, loss of a pet, loss of a home, or physical losses such as vision or hearing.

A. Normal Reactions:

1. Physical: numbness, shortness of breath, tightness of throat, choking, sobbing, sighing, exhaustion, weakness, digestive upset, insomnia, and loss of appetite.

2. Emotional: sense of unreality, feeling of increased distance from other people, intense preoccupation with the image of the dead person, guilt, and hostile feelings.

B. Abnormal Reactions

1. Delayed grief: months or even years.

2. Inhibited grief: may show up as illness, overactivity, or disturbed social interaction.

3. Prolonged grief: intense grief over a long period of time.

4. "Enshrinement": keeping things just as they were before the death of a loved one occurred. The dead person's possessions, room and photographs may be kept as a shrine to the person's memory.

5. Advance grief: this occurs before the actual loss as in the case of a long illness. This could cause a person to withdraw from the dying person prematurely leaving him or her isolated and alone.

C. Management of Grief

1. Accept the pain of mourning the grief.

2. Review the relation to the deceased.

3. Work through the overflow of hostility.

4. Express sorrow and sense of loss.

5. Decide how the deceased will be remembered.

6. Express feelings of guilt.

D. Normal Course of Grief Reactions

1. Begin to free oneself from the attachment to the deceased.

2. Readjust the environment in which the deceased is missing.

3. Form new relationships which bring rewards and satisfaction.

E. Helping Reactions of Grief

   1. Encourage elderly grieving patients to cry.

   2. Help them share their guilt feelings.

   3. Encourage them to talk about their feelings of anger and hostility.

### Hypochondria

**Hypochondria** is an overconcern for one's physical and emotional health, along with physical complaints that have no medical basis. The complaints are not "imaginary" but must be treated as other emotional problems. Reasons for hypochondria include the following:

1. To serve as means of interaction with doctors, nurses, family, and others

2. To express anxiety over areas of great concern

3. To serve as punishment over guilt

4. To avoid unwanted behavior or interaction

5. To punish others

6. To symbolize the person's aging or sense of inadequacy

Medical attention, although not curing the ailment, may be a preventive measure if it leads to exploration of the real reasons behind the symptom. Anxiety should be listened to and accepted.

## SAFETY AND SECURITY

Once the needs of physical survival are met, the next greatest concern is **safety and security**. Some older people develop physical handicaps such as diminished seeing, hearing, or walking abilities; they may become frightened about the dangers involved in trying to accomplish something which is hindered by a handicap. An example might be simply walking across a room if seeing abilities are lost or greatly diminished. If a person has been moved from the familiar surroundings of home, security can also be threatened. The care provider can best help the elderly person feel emotionally safe and secure by

1. Helping an elderly person stick to developed schedules for eating, resting, activities, and grooming.

2. Keeping promises to do things or activities.

3. Maintaining previous life patterns such as playing cards on a certain day or phoning a friend once a week.

4. Arranging things such as drawers or table tops as the elderly person is used to having them arranged. (These little things add to a sense of security.)

5. Giving plenty of notice when an older person is to be moved or taken somewhere. Older people need time to adjust to the idea of new surroundings.

## LOVE

A person works to meet the need for love after survival and safety needs are met. Elderly people, too, want to give and receive love and feel like they belong. During the early years of romantic love and starting a family, belonging seems almost automatic; but in later years, some of the elderly may feel as if they have become a burden and no longer belong or are needed. At times some elderly people may feel that since they lost their youthful attractiveness, they are incapable of being loved, or, if friends and spouses have died, there is no one to love. A care provider can help elderly persons feel loved by

1. Helping them feel as if they belong. Give the elderly person the opportunity to solve problems or contribute to decisions or plans.

2. Allowing older persons to give to you and others; gifts and favors may be their way of expressing love.

3. Providing some physical contact. Don't be afraid to touch or caress a hand, or give a friendly hug or squeeze. The elderly person may miss this type of affection.

4. Encouraging new activities and meeting people. New friends can be made at any age and help to ease the longing for old friends who may no longer be around.

5. Helping make the rooms of older persons their own with familiar belongings. This will help make them feel as if they belong.

## SELF-WORTH

The next need that becomes important is the need for **self-worth**. In many instances the role of a parent or spouse will diminish with age. There becomes less of a need to provide for or take care of others. Family and friends that an older person previously cared for may need to help provide care for the older person. A care provider can help elderly persons feel worthwhile by

1. Encouraging the elderly persons to be as independent as possible. This may include letting them do things for themselves, even if it takes longer and allowing them to make as many decisions as possible about what to wear, eat, or do.

2. Avoiding treating older persons like a child. Instead of saying, "Time for lunch," say, "Are you almost ready for lunch?"

3. Listening and being open to opinions and suggestions made by the older person. Older people like to feel needed and their knowledge and experience may prove to be very useful.

4. Giving acknowledgement or credit for past accomplishments by asking to hear stories of the older person's past successes.

5. Encouraging activities that involve volunteer work. This is good for helping a person to feel needed, .especially when the volunteer work is for a worthy cause.

### SELF-FULFILLMENT

The final need for the elderly person is **self-fulfillment**. This need will be different for each person because each person will be good at different things. Many times self-fulfillment is not possible until the later years of life because responsibilities may have taken up a lot of time. As some people grow older and some of their obligations lessen, they may discover talents they didn't realize they had. The care provider can best encourage and promote this need by

1. Encouraging continued learning through clubs, books, and meeting other people.

2. Helping older persons discover their strengths; this could be through a new hobby or interest.

3. Being open to discussions about the past and the meaning of life.

## EMOTIONAL CHANGES

Many of the emotional changes associated with old age occur as a result of various losses. Most older people have an amazing ability to cope with not only the losses, but the slowing down that sometimes comes with aging. Years of maturity have taught them to exchange the loss of one pleasure with something new. Some examples of losses that may affect the emotional well-being of an elderly person follow:

**Relationships**—Sad losses are sometimes created for persons when they outlive spouses, friends, or family. This results in fewer people to share memories and a common background with. The person with the loss should be encouraged to make new friends and build relationships. Everyone needs interaction with other people of all ages.

**Physical Functioning**—There is a gradual slowing down as a result of the aging process. The person can usually accomplish the same tasks but it may take longer.

**Sensory Changes**—There is some decline in the ability to use the senses as a person ages. Some of the elderly may experience declining vision restricting the ability to read or enjoy some activities. Poor hearing might affect communication with others. Changes in smell and taste may take away the pleasure of eating favorite foods for some of the elderly. However, the elderly are not at the mercy of some unalterable process that will impair all senses. As with persons of all ages, general health, nutritional factors, smoking and prolonged use of certain drugs and antibodies contribute to sensory deficits. These factors are under the person's control to some extent.

**World of Work**—Older people can lose the feeling of being needed after children grow older and no longer live at home. The responsibility of taking care of children may reverse to children helping parents. Work provides a positive self-concept for many of the elderly who want to continue working as long as possible and they usually take part-time or fulltime jobs. Others find self-satisfaction by participating in volunteer work. However, there is a new phenomenon on the employment scene with the young-old retirees, 55 and over, who retire from a first career, look around for varied life options, and frequently begin second careers. Other older people who possess professional knowledge and skills that have taken years to develop are valuable resources in the United States. These senior citizens, depending on their vocation, can offer legal services, give courses, and supply home medical care. Some business firms hire former employees to use their skills on specific projects and programs on a full-time or part-time basis.

**Income**—The loss of salary may mean a reduction in the amount of money available. Social security is the main source of income for two-thirds of the elderly persons who share households and half the married couples in the United States. Earnings from pensions and assets are other sources of income for the elderly. One percent of the elderly receive financial help from sons, daughters, or other relatives.

**Possessions**—As some people grow older they may have to give up possessions such as a house because they are no longer able to take care of it or can no longer afford to live in it. This can be a traumatic experience for some of the elderly because they are also giving up familiar surroundings, neighbors, a favorite spot, or other possessions with sentimental value.

Other elderly people look forward to moving to a smaller house or apartment, sorting through possessions, and making plans for a different lifestyle. With a smaller home and fewer possessions to care for, they feel they will have more time to do things in which they are interested. Some elderly decide to keep some of their possessions and select favorite or sentimental items to take with them when moving in with children, nursing homes, or retirement centers.

## MEASURES TO LESSEN THE EFFECTS OF EMOTIONAL CHANGES IN THE ELDERLY

As people grow older there is a great deal of variation in adjusting emotionally to aging. Many older people lead full, active, enriching, productive, and satisfying lives, while others will feel bored, tired, depressed, useless, and withdrawn from their environments. Studies have shown that those who maintain a high degree of involvement in life will be more likely to adjust emotionally to losses that occur in later years. Being committed to various areas of life such as work, organizations, clubs, friend and family relationships, as well as having a sense of humor, and an optimistic outlook on life are all important factors in promoting adjustments. The following are a few ways in which the care provider may be able to help older people adjust to losses affecting emotional well-being:

Convey positive feelings that the person is cared for, loved, and valued.

Reassure the person that feelings of stress and depressing thoughts are normal during a loss.

Encourage the person to express their feelings and thoughts. Sometimes talking about a loss can help them during the adjustment period.

## SOCIAL ISOLATION

Many older people must deal with **social isolation** when old friends die or move away. The isolation is not inevitably a part of the aging process and with help, a person of any age can be helped to make new friends. For example, an elderly person might be one who would be considered to be "isolated" socially. This might be because the spouse, who had always planned most of their social life, died and the person doesn't really know how to go about making new friends. Nor does the person know how to encourage old friends to come over and visit. The elder care provider could help by offering to fix coffee for the friends of the elderly person that might be invited to come over and play cards, backgammon, checkers, or watch a television or video movie. The care provider might discover that the elderly person has a special interest such as building and flying model planes and wishes to join a model plane club. A quilter may wish to join a quilting guild.

### Loneliness

Loneliness in the aged is difficult to deal with. One can be lonely even when there are others (even a spouse) around. Many people in nursing homes are surrounded by people but never interact with them. Lack of warmth and friendship can result in further loneliness and isolation.

A. Causes of Loneliness

1. Death of a spouse, sibling, close neighbor, roommate or another significant person can leave a person feeling lonely and without someone who cares.
2. Loss of a pet can make life lonelier.
3. Pain can make people very lonely.
4. Non-English speaking persons may feel very isolated and alone unless there is someone who can talk with them in their language.

5. Certain times of the day can bring on lonely feelings for some older people. Sundown and nighttime can be extremely difficult to bear for some people.

B. Ways to Reduce Loneliness Among Older People

1. Attentive listening is perhaps the best way to help reduce loneliness.

2. Encourage the person to participate in conversation or activities. Negative responses by the elderly person may mean he or she wants attention.

3. If one thing does not work, try something else. Do not give up and allow the lonely person to move into further isolation.

4. Share with others things you know a particular elderly person enjoys. This may encourage others with common interests to involve and interact with the older person.

5. Be creative in dealing with older people. Older people do respond to interest, creativity, and spontaneity. They can be creative if given an opportunity to express themselves.

**Paranoia**

Studies have shown that sensory losses can make big differences in behavior. Hallucinations may occur and persons may develop ideas that others are "out to get them." They may also tend to blame others for their difficulties. Those who are deaf are especially prone to these feelings. When they do not know what is being said, they become doubtful.

Efforts should be made to reduce the anxiety which leads to paranoid ideas. People being around may help to reduce fears. Also, changing the surroundings of the elderly person to make them more comfortable and secure can also be extremely helpful. A note of caution, changing the surroundings can also cause extreme confusion making older persons less comfortable and less secure.

## Points To Remember

- People have the same basic emotional needs from the time they are young through old age.
- A serious threat to the human needs of people can upset their emotional well-being.
- The emotional changes associated with old age occur as a result of losses in relationships, physical functioning, diminished senses, income, possessions, and retirement from the world of work.
- Most older people have an amazing ability to cope with losses experienced with old age.
- Older people who maintain a high degree of involvement in life will be more likely to adjust to emotional losses.

- Emotional problems of the elderly include anxiety, depression, grief (mourning), hypochondria, loneliness, and paranoia.

## Words To Know

anxiety
apathy
depression
grief
hypochondria
loneliness
Maslow's hierarchy
paranoia
physical survival
safety and security
self-fulfillment
self-worth
social isolation

## Questions for Review

1. What are the emotional needs of the elderly?
2. How can human needs affect the emotional well-being of the elderly?
3. List five human needs.
4. List three ways in which a care provider can help an elderly person meet each of the needs that have been listed above.
5. What effects can losses experienced in old age have on the elderly?
6. Briefly explain five losses which may affect the emotional well-being of the elderly.
7. What type of older people are the most likely to adjust to emotional losses?
8. List five factors important for promoting emotional adjustment to losses?
9. What are three ways that a care provider can help an older person adjust to a loss?
10. List the levels of Maslow's hierarchy of human needs.

# 7

# Mental Needs of the Elderly

## COMPETENCIES TO DEVELOP

- Point out the mental needs of the elderly.
- Determine factors which may cause change in the mental abilities of the elderly.
- Analyze ways to help the elderly person with mental disorders.

## OBJECTIVES TO ACHIEVE

- Identify the mental disorders of the aged.
- Identify ways to care for the needs of the mildly and very confused older person.
- List factors which can cause change in the mental abilities of the elderly.
- Define the types of memories which may be affected by an illness or health problems.
- Describe the common mental changes that may occur among the elderly.
- Summarize ways to carry out reality orientation.

A common belief about old age is that it is a time when people develop poor memories, don't think as clearly, and undergo a general decline in mental capacity. In reality, studies have shown that mental abilities do not decline as a result of the aging process, but rather from variables such as inadequate nutrition, illness, heredity, improper use of medications, disease, alcohol, or isolation. Often normal memory loss is confused with overall mental decline. Studies show that while memory may decline slightly with age, other abilities such as judgment and comprehension will often improve significantly to compensate for this small loss.

## MENTAL DISORDERS

When an elderly person suffers from a mental disorder, the mental disorder is usually one of two kinds, an organic disorder or a functional disorder. **Organic disorders** have a physical cause and are also known as organic brain syndromes. Some organic disorders are reversible and are often successfully treated. Other organic disorders such as stroke or disease (which result in permanent damage to the brain), may be treated according to individual symptoms, but cannot be reversed. **Functional disorders** are usually related to one's personality and life experiences. These disorders are treatable or controlled through therapy and medications but are generally not reversible.

## NEEDS OF THE MILDLY CONFUSED

The state of mind of a person who is mildly confused will vary. At times the person may talk quite normally; and at other times, the same person may seem out of touch with reality, becoming confused and disoriented. The person in this state of mind is usually fairly easy to care for. The goal of the care provider in this situation is to help the person who is mildly confused to do as much independently as possible. Judgment will have to be used when leaving this person alone or in an area in which the person may be harmed, such as near a stove or around matches. Often these people need only reminders to take care of themselves. Such reminders might include taking medication at proper times, doing advised exercises, sticking to a schedule or routine provided by a doctor, or sticking to a certain meal time. It is *not* the responsibility of the care provider to give medication or feed this person a special diet; it is the responsibility of the care provider to give reminders. Through these reminders, special attention and a watchful eye, the care provider is doing a great deal to minimize confusion and to keep the elderly person healthy.

## NEEDS OF THE VERY CONFUSED

People who are very confused may have no sense of where they are or who they are. This person should not be left alone. A person in this state of mind may become disruptive, wandering, or change moods from one part of the day to the next. The care provider can help people in this state of mind by providing frequent reminders of who or where they are, who some friends or family members are, or what activity these people are to do next. Often people who are very confused will remember a great deal from the past and feel as if they are in it. The care provider can best assist the very confused by reminding them about such things as not having to go to work, that friends from twenty years ago are not going to visit, or that a relative is soon to have a birthday or anniversary. These type of reminders along with the current date and year may help to slow or reverse some confusion.

## MENTAL CHANGES

As was mentioned earlier, mental abilities do not decline as a result of aging, but response time generally slows down. In fact, knowledge generally increases with age and the efficiency for remembering information will remain constant as a person grows older. Studies show that older people are also able to retrieve information as effectively as younger people. A variety of variables such as inadequate nutrition, illness, heredity, improper use of medications, disease, alcohol, or isolation may cause an elderly person to experience memory loss or become confused.

## MEMORY LOSS

When an elderly person experiences memory loss it is usually due to a lack of oxygen reaching the brain. Often this is caused from a stroke or because the brain's blood vessels have thickened from fat deposits. This can cause a change in the ability to use short-term memory as effectively. **Short-term memory** is the ability to retain information from a second to a few minutes. **Long-term memory**, also known as secondary memory, is defined as retention from 10 to 20 minutes and **very long-term memory** includes memories from the distant past to recent events. When an elderly person's short-term memory has been affected, he or she is likely to forget recent happenings and things from the past will be more likely to be remembered. The care provider working with a person who has a slight memory loss is likely to hear stories from the past over and over again. This retelling occurs because the short-term memory has not allowed the person to remember what has been said. In this situation, the care provider can best help by listening, being understanding, and talking about events which have recently occurred to help the person remember the present.

## CONFUSION

When an elderly person starts showing signs of forgetfulness, short attention spans, wandering, incoherent speech, or not understanding what is being said, they are becoming confused or disoriented. A doctor should be called to make the appropriate diagnosis. Confusion is not a happy dream state, it is a frightening state of mind. The care provider can help minimize confusion by reminding the confused person of who they are, where they are, the time and day, and what is going on around them. Research on the causes and consequences of aging suggest confusion in certain situations may be treatable, reversible, and preventable. Some of the causes of confusion are presented in the following list:

Isolation and a lack of social contacts

Mental illness such as depression

Fat deposits which thicken the blood vessels in the brain

Low blood pressure or heart disease

Hypoglycemia or low-blood sugar

Thyroid or liver disease

Destruction of brain or nervous system cells

Poor nutrition from inadequate diet

Diminished senses

Drug reaction from too much medication or a unique response to a particular medication.

## MEASURES TO MINIMIZE CONFUSION OF THE ELDERLY

Dealing with confusion, disorientation, loss of memory, and possibly delusions will take patience and effort on the part of the care provider. A technique known as **reality orientation** is designed to bring confused persons back to the here and now, and can be used by the care provider as well as by family members. The following list contains some ways to carry out reality orientation to minimize confusion:

- Always call the person by name and remind the person of your name and names of others. For example say, "Good afternoon Mr. Peters. It's Emily and your sister, Carla. We've come to visit."
- Keep visual reminders of the time and date where the person can easily see them. Large-faced clocks and calendars will help. The person could mark off days on a calendar that lead to special events such as Valentine's Day. If the person is only occasionally confused, they may be able to dictate a short sentence of what they did each day to be written on the calendar.
- If possible, hang or stand photographs of relatives where they can be easily seen. These will act as a reminder of everyday realities.
- If the confused person is on a schedule or routine, keep a large colorful list of daily activities in clear view.
- If possible, place the person's bed or favorite chair near a window so the changes of season and time of day can be seen. A person confined indoors can lose track of time from week to week, month to month, or even season to season. Remind him or her of the time of day or year.
- Hang a bulletin board for tacking up reminders of the real world. This may include pictures, cards from occasions such as a birthday or Christmas, something showing the day of the week, date, year, next holiday, weather, or even an upcoming national event.
- Make directions simple. Use short sentences and give only one step at a time.
- Don't allow the confused person to just ramble occasionally; never pretend that the confused person is in a different time or place than where they actually are.
- Do not argue about what is real or imagined when a confused person distorts reality as this will make them more anxious and add to their confusion. If the person makes statements such as "the mail carrier has a gun" or "he was trying to poison me," pick up on feelings that may be accompanying the words. An example

of how to respond to these statements might be "You're frightened, aren't you?" or "You're angry, aren't you?"

- Be consistent, firm, and sincere in keeping a person in touch with reality.

## Points To Remember

- Some mental disorders among the elderly are reversible and can be successfully treated.
- The care provider should always help a person who is confused to do as much independently as possible.
- An elderly person who is very confused should never be left unsupervised.
- Mental abilities do not decline as a result of age.
- The technique of reality orientation may help a confused person and can be used by anyone.
- Care providers should always be consistent, firm, and sincere when working with those that experience confusion.

## Words To Know

functional disorder
long-term memory
organic disorder
reality orientation
short-term memory
very long-term memory

## Questions for Review

1. Describe the two types of mental disorders that the elderly may experience.
2. List three ways the care provider can help a person who is mildly confused.
3. List three ways in which the care provider can help a person who is very confused.
4. What usually causes memory loss among the elderly?
5. List five factors that can cause a change or decline in mental abilities.
6. Define short, long, and very long term memory.
7. What is confusion like for an elderly person?
8. List five causes of confusion.
9. What is reality orientation? Who can use it?
10. List six ways to carry out reality orientation.

# 8

# Social Needs of the Elderly

**COMPETENCIES TO DEVELOP**

- Determine how social changes affect the elderly.
- Determine how to meet the social needs of the elderly.
- Analyze ways to help the elderly person adjust to social changes.

**OBJECTIVES TO ACHIEVE**

- Summarize the theories associated with the social changes of old age.
- Explain ways in which social changes may affect the elderly.
- Explain the importance of fulfilled social needs among the elderly.
- Identify ways to meet the social needs of the elderly.
- Describe the various types of social roles important to the elderly.
- Identify ways in which the elderly can adjust to social changes by becoming involved.
- Explain how the care provider can help the elderly person adjust to social changes.

During the experiences of life people are usually expected to perform many different social roles under various circumstances. These may include the role of spouse, parent, grandparent, friend, employee, or churchgoer. As people grow older there is a gradual reduction in these social roles and, without them, feelings of alienation or of not belonging may result. The care provider can be of great help by encouraging participation in or even helping provide social activities for the elderly. As older people become involved in social activities, their social roles grow which in turn leads to lives filled with meaning and purpose. This philosophy of social change supports the activity theory rather than the disengagement theory both of which are well-known.

The **disengagement theory** explained the social changes of the elderly as a gradual separation from family, friends, and the community to better prepare for the final separation in life which is death. It was believed that this was a voluntary action for all persons involved. Grown children would no longer need the parents and the parents gradually became less interested in the activities of their offspring. Society would no longer need the retired worker or a semi-active homemaker and older people would become less interested in what occurred in society. This theory of disengagement is questioned by the activity theory.

The **activity theory** explains social changes by stating that the people who age the most successfully are those who maintain a high degree of involvement in life. This theory supports the view that although some reduction in activity is expected with age, most older individuals maintain a stable level of activity throughout life. Declines in activity that occur are associated with lower levels of satisfaction, contentment, and happiness. This theory also supports the idea that when given a choice, the elderly person wants to be involved in activity, and resist the decline of their social world. Older people have an inner desire to maintain the activities that they may be forced to give up due to losses that occur with aging.

## SOCIAL NEEDS OF THE ELDERLY

People of all ages and especially the elderly need to feel as if they belong and are needed so that life can be filled with meaning and purpose. As people become involved and remain active in social activities, their social roles increase. **Social roles** are the ways individuals are expected to behave in certain situations or under circumstances involving people. Since these roles are based on interaction with others, the elderly who are the most socially active will have the greatest number of social roles.

Many times the social roles of the elderly will decrease as they experience losses in friends, family responsibilities, or even a spouse. The elder care provider can often help an elderly person replace roles that may have been lost by encouraging involvement in new activities such as organizations, volunteer programs, or community projects.

Studies have shown that people who remain socially active keep a young spirit and stay mentally alive through being involved. Some social roles may last from young adulthood through old age, but will undergo changes as time progresses. The types of roles that give meaning to life in old age are those involving relationships with family, friends, and memberships in various social, religious, or even political organizations. Listed below are descriptions of each:

**Friendships**—Many times friends are considered to be less important than relatives, but because of the nature of friendships many older people value the relationship of friends more than their relatives. Older people tend to have friends who have similar interests and values. They often meet them in community centers, their neighborhood, or church. Friends can be a source of emotional support, information, and entertainment which help contribute to belongingness, and meaningfulness. Friendships are especially important for older people because they can help cushion the loss of loved ones, physical deterioration, and other stresses of old age.

**Organizational Memberships**—Many older people receive a great deal of personal satisfaction, a sense of identity, and status from belonging to formal social organizations. The business or work related organizations that older people were involved in before retirement usually become less important in later life and social organizations become more important. Many healthy, outgoing people remain actively involved well into their 70's, 80's and 90's.

**Religious Involvement**—Studies have shown that there is a larger percentage of older people involved in religious organizations, prayer, and scripture reading than younger people. As people grow older their church attendance usually increases. Since many of today's elderly grew up at a time when families stressed religion, it has remained an important part of their life and they receive great comfort from it. Many elderly also remain involved in religious commitments and activities because it gives them a sense of belonging.

**Political Involvement**—Over 6 million older Americans belong to local, state, and national organizations. It is their way of responding to the challenge of fighting back against their public image and exploitation as well as fulfilling a need for companionship with a purpose. Listed below are the major political action groups to which more elderly are becoming involved:

AARP-American Association of Retired Persons

NCSC-National Council of Senior Citizens

Gray Panthers

ISCA-International Senior Citizens Association

NASC-National Alliance of Senior Citizens

NCBA-National Caucus on the Black Aged

## SOCIAL ADJUSTMENTS

The care provider can best help an elderly person adjust to changes in social roles and activity by helping them remain involved whether it be a relationship, organization, or activity. In oriental societies, older people are the most respected. In European families the decision makers are the grandparents and great-grandparents of the house. In many American households and communities, older people are also valued. Older people have much to give and are very knowledgeable as a result of their life's experiences. Listed below are ways in which the elderly can adjust to changes in social activities and roles by becoming involved:

**Service Projects**—If elderly individuals are confined to a bed or wheelchair, they can stay involved by helping their communities in a number of ways:

Telephone reassurance—making daily phone calls to other older people who live alone

Storytelling—having weekly storytelling hours for neighborhood children

Writing—researching and recording a town's history for a local paper, or writing a weekly column from an "elderly person's point of view"

Political Activities—this may include addressing campaign literature or making phone calls to encourage voter registration.

**Social Groups**—Many communities have social groups and clubs for the elderly. Most local senior centers can provide a list of what is available in the area. Many clubs and groups fall into the following areas:

Bible Study
Cards and games
Crafts
Gardening
Hobbies
Modified Sports
Reading Circles
Volunteering

**Religious Activities**—Devotion and prayer are major part of many older people's lives. If an older person is unable to leave the home or facility where they live, local clergy usually have suggestions for ways in which their congregation may be assisted. There is often a need for assistance in making phone calls and mailing church literature. For the elderly who are more mobile there are Bible study groups and church parish or temple activities.

**Local School Involvement**—Class or room grandparents are becoming a growing trend in many schools. Elderly people can be of great service to schools by helping with parties, attending recitals or plays, tutoring, providing help with reading or being a pen pal to help better student's writing skills.

**Social Events**—Many elderly persons enjoy giving or going to parties. It gives them a chance to socialize with those that they don't see everyday. Some elderly enjoy preparing the food, or decorating the table or room for the party as much as attending. Older persons also make great storytellers at children's parties and enjoy the honor.

## WRITING ACTIVITIES

If the elderly person is unable to write letters, the care provider can assist with correspondence by writing letters to family and friends as the elderly person dictates the letter. If the elderly person prefers to talk a letter into a recorder, the care provider can type or write the letter from the recorder and then read the letter back to the elderly person. The care provider can help the elderly person keep a birthday file so friends and relatives are not forgotten. The elderly person that enjoys the correspondence from others should be reminded that one way to receive more mail is to write more letters.

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## TELEPHONING AND TAKING MESSAGES

The elder care provider may be asked to assist the elderly person with making telephone calls or taking messages. The care provider should check with the individual or the facility where employed to find out exactly how he or she want the phone to be answered. Then the care provider should follow the basic guidelines of telephone etiquette.

The elderly person with reduced vision or muscle coordination or arthritic fingers may appreciate the independence created when enlarged keys and numbers are placed on their telephone. The enlarged keys fit directly over the standard touch keyboard of the phone. They are attached directly to the phone by adhesive pads.

## ENTERTAINING

The elderly person who enjoys social activities at home may want help with the preparations for entertaining. The care provider should follow the wishes of the elderly person when organizing and making plans for the social function. Entertaining will call for careful organization. With limited time, an oven dinner (pot roast, chicken, Swiss steak) which requires little last minute preparation, a tossed green or gelatin salad which can be prepared in advance and stored in the refrigerator, and a simple dessert purchased if possible, would provide an attractive and tasty meal with a minimum of work. The food choices would be dependent on whether the elderly person or guests were on a restricted or nonrestricted diet.

## Points To Remember

- Older people need to belong and to feel needed for their lives to be filled with meaning and purpose.
- Elderly persons who remain socially active are more likely to be young at heart.
- Most elderly people want to be actively involved and resist the decline of their social world.
- Older persons need to find substitutes for activities that have to be given up to maintain levels of contentment, satisfaction, and happiness.
- There are many ways in which the elderly that are bed bound or confined to a wheelchair may be socially active and involved.
- The care provider can assist the elderly with correspondence by writing letters, using a recorder, and keeping a birthday file.
- The care provider may be asked to assist with making telephone calls or taking messages.
- The care provider should follow the guidelines of telephone etiquette when making calls or taking messages for the elderly person.

- Enlarged keys and numbers placed on the telephone will give greater independence to the elderly person with reduced vision or muscle coordination or arthritic fingers.

- The care provider may be asked to help with the preparations for entertaining in a private home.

## Words To Know

activity theory
disengagement theory
social role

## Questions for Review

1. Explain the disengagement theory.
2. Explain the activity theory.
3. What are social roles and why are they important?
4. Describe four types of social roles important to the elderly.
5. What could happen if an elderly person experienced an increase in activity? A decrease in activity?
6. How can a care provider best help an elderly person adjust to social role changes?
7. Describe two ways in which an elderly person confined to a wheelchair or bed can stay socially involved.
8. List four social groups or clubs in which an older person may become socially involved.
9. How can older people become involved with local schools?
10. Why are social events important to the elderly?
11. How might the care provider assist the elderly persons with correspondence?
12. Who will benefit from the telephone with enlarged keys and numbers?
13. How might the care provider assist the elderly person with entertaining at home?

# 9

# Housing Considerations of the Elderly

**COMPETENCIES TO DEVELOP:**

- Demonstrate a better understanding of the housing needs of the elderly.
- Compare the various housing alternatives available to the elderly.

**OBJECTIVES TO ACHIEVE:**

- Explain how housing alternatives available to the elderly affect the duties of the care provider.
- Identify considerations of the elderly when choosing appropriate housing.
- Describe the different housing alternatives available to the elderly.
- Identify the advantages and disadvantages of each of the housing alternatives.
- Give examples of special design features that can be incorporated to aid the elderly in their homes.

Housing needs for the elderly will change as their personal situations change. An older individual or couple living in a once fully occupied two or three bedroom house may need more manageable living quarters; physical incapacity may require a setting with built-in services; and changing neighborhoods may require a move to an area where the elderly can continue to maintain independent living.

Several **housing alternatives** are available to the elderly, ranging from totally independent living arrangements to arrangements for the most sheltered housing. Each type of housing has its advantages and disadvantages.

Safe and suitable housing is important to all persons, but is even more significant to the life of an elderly person. Security is crucial to the maintenance of morale and feelings of independence which characterize successful aging. Special design features can be incorporated into housing for the aged that will enable them to manage their own activities much more successfully.

## HOUSING OF ELDERLY AFFECTS DUTIES OF CARE PROVIDER

Housing alternatives available to the elderly also affect the various duties of the care provider. For example, helping to plan and cook meals will often be necessary in a private home or **cooperative**; but in a **retirement village** or **nursing home** meals are often prepared by the facility or eaten out. Also, activities are usually planned in a retirement home whereas in a private home the care provider is responsible for helping to plan and organize activities. Sometimes a deciding factor in selecting housing is the availability of transportation. Transportation is often provided for in **retirement communities** or nursing homes, whereas the care provider working in a private home or **condominium** must make arrangements for transportation if the elderly person is unable to drive.

## CONSIDERATIONS OF THE ELDERLY WHEN CHOOSING HOUSING

Home ownership is one of the principal investments of elderly persons as the **equity** in their homes has grown over the years. Approximately two-thirds of the elderly own their own homes. As long as the elderly are able to care for their homes, most enjoy the privacy, familiarity, and comfort they provide. Many older persons still live in the homes in which they raised their families though the homes are often too large and expensive for the elderly to maintain. Frequently, older houses are in need of repairs and too often the owners cannot afford to have the repairs made and often lack the physical ability to make the repairs themselves. It has been increasingly difficult for older persons on **fixed incomes** to maintain private residences because of rising costs of home repairs, property taxes, and utilities. Although most states give a property tax break to senior citizens, housing and related costs are still too much to handle for elderly people with retirement incomes. It often takes severe problems such as loss of a spouse or serious physical problems before elderly persons will move voluntarily from their private residences.

The time to give careful thought to the growing number of housing choices available is before an emergency or crisis forces them into a decision. Some personal reasons of the elderly for staying in the same living arrangements include:

1. Expenses of present home are not a strain on their budget, and they can meet them in the future. They don't expect the property taxes to increase drastically in their neighborhood. The house does not require expensive maintenance work and the utility bills are reasonable.

2. Or if they rent, they don't expect the rent they are paying to increase beyond their ability to pay.

3. The climate in the present location is good.

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4. The neighborhood provides social and cultural activities in which they are interested.

5. They are near shopping centers, their place of worship, and recreational activities in which they are interested.

6. They are near their doctors and medical facilities, as well as other professional services they use or need.

7. The neighborhood is well-maintained and not likely to deteriorate.

8. They have friends nearby and the neighborhood is quiet, pleasant, and friendly.

Some personal reasons of the elderly for moving include:

1. Their present housing expenses are excessive and will further increase.

2. The house is difficult and expensive to maintain. The house is too large and takes too much work to keep clean. It costs too much to heat or cool and the yard requires too much upkeep.

3. The house is inconvenient. There are too many stairs to climb. The bathroom, laundry or storage areas are poorly located.

4. The weather is too severe and keeps them indoors too often.

5. The neighborhood is **deteriorating**.

6. There is too much noise.

7. They live too far away from shopping centers, place of worship, and recreational activities.

8. They live too far away from doctor or medical facilities. Emergency help is not readily available.

9. The neighborhood does not provide opportunities for the activities that interest them.

10. Their children and friends have moved away and they want to be closer for companionship.

The older person will have to weigh the pros and cons of moving or staying. For many older persons, home ownership is an **aspiration** that has been pursued and accomplished. Home ownership provides a sense of satisfaction and permanence that some find lacking in rental arrangements. For others, renting an apartment may be the ideal choice. They feel there is less worry and responsibilities as they are free from maintenance chores and expenses. Smaller living space means less housekeeping. Some advantages and disadvantages of renting an apartment or owning a home are listed:

A. Renting An Apartment

1. Advantages

   Freedom to move or travel
   No maintenance
   Predictable expenditures
   Appliances provided
   Less insurance needed
   No outside upkeep
   **Proximity** to other people

2. Disadvantages:

   No equity
   Crowded feeling
   Noise from other apartments

B. Owning a Home

1. Advantages

   Build up equity
   Privacy
   Roominess
   Income tax deductions
   Place for a garden or yard

2. Disadvantages:

   Increasing costs
   Constant upkeep
   Change in neighborhood

According to the Census Bureau, the large majority of older people live in rural areas, small towns, and the poorer sections of cities, and only about 5 percent live in nursing homes or other institutions. Approximately two-thirds of elderly men, but only one-third of elderly women live with their spouses since more women outlive their mates. For the same reason, older women, live alone or with a nonrelative more often.

Housing is not just a roof over a person's head—it is a lifestyle. Older people should take a good look at their housing situation and determine if it is the best for them.

## RETIREMENT VILLAGES OR COMMUNITIES

Retirement villages for the elderly offer a totally independent lifestyle in an organized setting. Retirement communities differ greatly, incorporating a wide range of housing options geared primarily to older people. A retirement community may be an entire new town, a subdivision, or just one high-rise apartment building. A variety of housing designs and arrangements are available as well as a number of agreements regarding financial commitments. According to the American Association of Retired Persons, the majority of all

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retirement communities consist of apartment units, 15% are **mobile home** communities, and less than 2% are single-family dwellings.

The cost of living in a retirement community varies with the housing and activities provided. They are usually more expensive than regular apartments or other units in the community. Residents can rent and pay a monthly fee or they can purchase a dwelling in the community.

In addition to providing shelter and security, retirement communities tend to stress a variety of recreational and social activities and considerable peer mixing. The activities frequently offered include golf, tennis, swimming, potluck suppers, card games, cookouts, exercise classes, and dancing. In addition to these programs many communities offer health services. Frequently shopping centers and churches are conveniently located within the community itself. Transportation is often provided to shopping centers and social events outside the community.

The majority of elderly people living in retirement villages are satisfied with their **environments** and lifestyle. Many find renewed interest in life through community activities or programs and delight in making new friends.

For a few elderly people, there are negative reactions to retirement villages. Making an adjustment to the new environment is sometimes difficult, old friends and family are frequently missed, and the lack of variety with people of different age groups make for unhappy residents.

## CONDOMINIUMS

In this type of housing an apartment or unit is purchased within the framework of a high-rise apartment building or a complex of buildings. Many complexes include recreational areas and equipment including swimming, pools, tennis courts, and exercise facilities. Owners are responsible for both the mortgage payments on their living units and taxes on the property. After the initial purchase price, the buyer is required to pay monthly maintenance charges. These charges cover trash collection, gardening, snow removal, building repairs, staff wages, and utilities that are not individually metered.

Many decisions for condominium owners are made by an elected board of directors. They decide when to paint the exterior of homes, make repairs, mow the lawn, and whether owners can keep pets. It is important for the elderly to consider whether they are willing to accept somewhat restrictive rules before purchasing a condominium.

Before buying into a condominium, the elderly person should make sure that a reliable corporation is being dealt with. The credit rating of the corporation can be checked through a bank, lawyer, or realtor.

## COOPERATIVES

Cooperatives are an option for older people who are willing to work cooperatively with other owners and who want to build up equity in their living accommodations, but prefer to avoid the responsibility or isolation of a large home. In this type of housing, shares are purchased in the corporation that owns the cooperative. The purchase price permits the buyer to live in a particular apartment or area. Each month the buyer pays a proportionate share of the expenses. This includes salaries for the managers and personnel, maintenance, real estate taxes, and interest on the mortgage. Co-op bylaws require members to cooperate in the ownership and management of the corporation. The members elect a board of directors to manage the property.

Cooperatives are controlled by state laws which usually differ among states. Therefore, if elderly persons are considering cooperative housing, they should seek the advice of an attorney.

## SHARED HOUSING

**Shared housing** provides adequate, affordable housing for older people. Usually two or more unrelated individuals share a house, and all have their own bedroom or private space. The house is usually owned by a public or private agency rather than by any one resident. There are approximately 75 shared residences around the country according to the Shared Housing Resource Center.

Monthly rental fees usually range from $100 to $900 a month. The amount varies depending on what tasks are done by the residents and what tasks are done by the house management. In some situations a resident may only pay the rent. In other situations, resident involvement can include responsibility for property maintenance, housekeeping, finances, and resident selection; all of which can be exchanged for rent. Regardless of the arrangement, when responsibilities and finances are shared by several people, the expenses are significantly reduced for each individual.

## MOBILE HOMES

According to the American Association of Retired Persons, mobile homes account for one out of every three homes sold in the United States which is not surprising given the affordability, energy efficiency, and construction standards of today's manufactured homes. Since 1976, all manufactured homes sold in the United States have been subject to construction, durability, and safety requirements of the Department of Housing and Urban Development. Financing a manufactured home is still somewhat more difficult than financing other kinds of housing, but the situation is improving. Traditionally, manufactured homes have been financed on a retail installment contract arranged through the manufactured home retailer. Everything has been included in the purchase price—the home, its furnishings, delivery and siting, with land costs extra. The down payment is generally 15-20 percent of the purchase price.

Although manufactured homes may be sited on single rental or owned lots, subdivisions, cooperatives, and condominium developments of mobile homes are increasing in popularity. These kinds of communities often cater to older adults. They are appealing because of the social and recreational facilities they often offer. Many communities provide a swimming pool, walking and cycling paths, shuffleboard courts, and a clubhouse.

Planned committees with rental sites usually range in size from as few as 15 sites to 1,000 or more. The monthly rental rate can run from approximately $100 a month to over $500 a month for a luxurious community with many facilities and activities available.

## LOW-INCOME HOUSING

### HOUSING AND URBAN DEVELOPMENT (HUD)

Since 1962, the Department of **Housing and Urban Development** has attempted to provide for the special needs of the elderly. Through various programs, the Department provides federally sponsored, age-segregated public housing units; rent supplement programs; mortgage insurance; and other housing assistance programs.

Each program has its own eligibility requirements with regard to income, age, current housing conditions, etc. In order to receive assistance, individuals must contact the owner or manager of the housing project in which they wish to live; or the mortgage company they wish to handle a loan. The owners/managers will then make application to the HUD offices to service the requests of the individuals.

### ECHO HOUSING

**Elder Cottage Housing Opportunity (ECHO)** is a housing arrangement that offers older persons an opportunity to live within close proximity to individuals who can help them maintain independence and privacy. An ECHO house is a separate, self-contained unit installed in the side or backyard of an existing family home. This type of housing permits closeness without sacrificing self-reliance.

Since ECHO homes are removable and reusable they are usually produced as manufactured housing. The price of ECHO housing currently ranged from $14,000 to $20,000. More information on ECHO Housing can be obtained by writing to the American Association of Retired Persons (AARP), 1909 K. Street, N.W., Washington, D.C. 20049.

## NURSING HOMES

Nursing homes give protective, personal, and custodial care to the elderly who are dependent but still functioning at a good level. They are usually operated by ethnic, religious, professional, or labor organizations and by private interests. According to the American Association of Retired Persons only about 5% of the nearly 28 million Americans older than 65 live in nursing homes or other long-term facilities.

The quality of nursing homes varies greatly, depending on the type of facility. Nursing homes range from private skilled nursing facilities to nonskilled institutions. Most nursing homes provide a complete food service, planned social activities and medical facilities in the home.

## LIVING WITH RELATIVES

The Census Bureau reports that less than one-third of the elderly share the homes of younger family members. It is usually a difficult decision for an elderly person to move in with younger family members. Older persons often feel that they are intruding on family members. Interpersonal relationships can grow when the elderly person is allowed to share in the workload and chores and when both the older person and the family unit have opportunities to function independently.

Each family member should have the opportunity to participate in private social occasions and to entertain their own friends.

## SPECIAL DESIGN FEATURES FOR THE HOME OF THE ELDERLY

Sometimes older persons will want to make smaller changes in their home to increase their ability to move around and do routine household activities. Grab bars and handrails, seats in the bathtub or shower, and lever handles rather than hard-to-grip round door knobs may make the home more suited to their needs. Even expensive changes, such as enlarging doorways to allow wheelchairs access or installing a shower that can accommodate a wheelchair, can sometimes be more economical than moving.

Any special features that are incorporated to aid the aged in their homes should be as inconspicuous as possible to avoid an institutional atmosphere. Special design features that might be adapted to the home of an elderly person include:

A. Single-story or ground floor residences are best for persons with limited mobility.

B. Doors and passageways should be wide enough to accommodate a wheelchair if the need arises. **Thresholds** should be eliminated.

C. Floor finishes of the non-slip variety should be utilized for safety.

D. Sliding doors and lever handles are easier for those who suffer from arthritis to manipulate than door knobs.

E. Large expanses of glass and numerous windows are particularly beneficial because older eyes function better in natural light. This increases the cost of heating and cooling however.

F. Artificial lighting should be increased and uniformly distributed. People over 60 need twice as much illumination as do younger people.

G. Glare should be eliminated as much as possible because it has an adverse effect on the vision of the aged. The use of glare-resistant glass could serve to diminish the problem.

H. Strong contrasting colors and textures could aid in depth perception on the part of those with vision problems.

I. Shelves should be no lower than 18 inches above the floor, and no higher than 63 inches.

J. Open storage shelves, revolving and pull-out shelves, pegboards, and magnetic catches are recommended.

K. Electrical outlets at table level prevent bending over.

L. Readily washable surfaces with no dust-catching projection are especially conductive to easy maintenance.

M. Bathrooms need to be equipped with grab bars.

N. Showers are generally preferable to bathtubs from a standpoint of safety.

O. Commodes should be slightly higher than normal.

P. Garden plots, porches, or balconies are important for potted plants and recreational features.

## Points To Remember

- Safe and suitable housing is important to all persons, but is even more significant to the life of an elderly person.
- Housing alternatives available to the elderly affect the various duties of the care provider.
- Elderly persons' decisions about their housing environment are based on considerations such as: individual preference and needs; location with regard to services needed by older persons; availability and condition of accommdations; proximity to social and recreational activities; and proximity to relatives and peers.
- Most elderly persons prefer to live in familiar surroundings and prefer being self-directed as long as possible.
- The time for the elderly to give careful thought to the growing number of household choices available is before an emergency or crisis forces them into a decision.
- Home ownership provides a sense of satisfaction and permanence for some elderly persons. Others prefer renting because they feel there is less worry and responsibilities.

- Several housing alternatives are available to the elderly ranging from totally independent living arrangements to arrangements for the most sheltered housing.
- Home ownership is usually one of the elderly person's principal investments.
- Approximately two-thirds of the elderly own their own homes.
- Retirement villages for the elderly offer a totally independent lifestyle in an organized setting.
- A condominium is an apartment or unit that is purchased within the framework of a high-rise apartment building or a complex of buildings.
- In a cooperative, shares are purchased in the corporation that owns the cooperative. They are ideal for older people who are willing to work cooperatively with other owners and who want to build up equity in their living accommodations.
- Shared housing provides adequate, affordable housing in which two or more unrelated individuals share the house.
- Mobile homes account for one out of every three homes sold in the United States.
- An ECHO house is a separate self-contained unit installed in the side or backyard of an existing family home.
- Only about 5% of the nearly 28 million Americans older than 65 live in nursing homes.
- Less than one-third of the elderly share the homes of younger family members.
- Special design features can be incorporated into housing for the elderly that will enable them to manage their own activities much more successfully.

## Words To Know

aspiration
condominium
cooperative
deteriorating
Elder Cottage Housing Opportunity (ECHO)
environment
equity
fixed incomes
housing alternatives
Housing and Urban Development (HUD)
mobile home
nursing home
proximity
retirement villages (or communities)
shared housing
thresholds

# Questions for Review

1. How can satisfactory housing be attained by the elderly?
2. What are four things to consider in choosing appropriate housing for the elderly?
3. How do different housing alternatives for the elderly affect some of the duties of the care provider?
4. What is usually one of the elderly person's principal investments?
5. Approximately how many elderly persons own their own homes?
6. When is the best time for the elderly to make a decision on their housing situation?
7. What are both the advantages and disadvantages of renting? of owning?
8. List some personal reasons that the elderly have for staying in their same living arrangements.
9. List some personal reasons the elderly have for moving from their living arrangements.
10. Discuss the advantages of living in an retirement village or community.
11. Explain the difference in a condominium and a cooperative.
12. What is meant by shared housing?
13. Why do mobile homes account for one out of every three homes sold in the United States?
14. Name two types of low income housing.
15. Discuss the positive aspects of living in a nursing home.
16. What percentage of the elderly live with relatives?

# 10

# Transportation

**COMPETENCY TO DEVELOP**

- Determine the care provider's role in helping the elderly with transportation needs.

**OBJECTIVES TO ACHIEVE**

- Point out why transportation is often a problem with the elderly.
- Explain legal responsibilities when driving.
- Point out the different types of public transportation.

Transportation for the elderly often represents a major problem. Some elderly live in urban areas and mass transit services are inadequate for their needs such as shopping, getting to doctors' offices, the hospital, etc. As the elderly grow older many become less mobile and are no longer able to meet requirements for a driver's license. The inadequate transportation also hinders them from engaging in comparative shopping, or shopping at stores having sales. They are often forced to shop at neighborhood stores where the prices may be higher. The elder care provider can assist the elderly with transportation needs by chauffeuring them to and from appointments, stores, etc. and also by suggesting public transportation if it is available.

## LIABILITY ON THE ROAD

When driving is part of the job, the elder care provider has a special responsibility. The care provider may operate one's own personal car, the elderly person's car, or a car or van provided by the care facility. Before operating any vehicle the care provider must possess a valid driver's license. In addition, the vehicle must be registered and insured. According to the Department of Public Safety, if the care provider is driving his or her own personal vehicle and has an accident the care provider is **liable** (legally responsible) for any damages. If the care provider is driving the elderly person's automobile and has an accident, both parties are liable for any damages or injuries.

# PUBLIC TRANSPORTATION

Since elderly individuals have a more difficult time meeting the requirements for a driver's license or simply do not care to drive, they often depend upon public transportation more than younger people. There are various types of public transportation, such as taxis, buses, trains, planes, ships, etc. Depending upon one's destination, length of time available, etc., these methods of transportation may provide adequate services for the elderly.

## CITY BUSES

City buses usually operate on a fixed route and schedule. Depending upon the development of this form of mass transit, buses may provide adequate transportation for the elderly. However, this form of transportation may be uncomfortable (such as hot in the summer and cold in the winter) and may create an inconvenience such as no routes to where the elderly person desires to visit, or many transfers to reach the destination. Discounts are sometimes available for senior adults and should be checked into. Discounts for public transportation are available to persons over 65 and sometimes to persons over 60. All older people qualify for the discounts regardless of their incomes.

## TAXIS

Taxis are the most common type of public transportation. Although this provides convenience (pick up and delivery at any destination) the service may prove costly, especially if there is a great distance to travel or if many trips are required. Some communities have established discount prices for elderly citizens using the city taxi systems. Some communities have a dial-a-cab or dial-a-bus service for older people, and a telephone call in advance brings transportation to the door. Costs are minimal because this special transportation for the elderly is usually partly supported by the state.

If the elderly persons ride on public transportation, they should follow the suggestions listed below:

1. Remain alert and brace themselves when a bus is slowing down or turning.
2. Watch for slippery pavement and other hazards when entering or leaving a vehicle.
3. Have fare ready to prevent losing balance while fumbling for change.
4. Avoid carrying too many packages, and always leave one hand free to grasp railings.
5. Allow extra time to cross streets, especially in bad weather.
6. Wear light-colored or fluorescent clothing and carry a flashlight at night.

The care provider should encourage the elderly person to follow these suggestions for riding on public transportation.

## TRANSPORTATION SERVICES

Transportation services are often offered through local governments, churches, and other groups. Along with the transportation services, the groups usually offer volunteer drivers who will chauffeur the elderly to visits with doctors and other health-related trips as well as other necessary expeditions. In some communities, the local chapter of the Red Cross offers transportation for the elderly to doctors, clinics, and rehabilitation services.

Many communities have vehicles such as health cabs, medicabs, or invalid coaches which allow a wheelchair to be rolled directly in. The vehicles are usually equipped with automatic steps or lifts so the handicapped can enter without having to make any climbing movements. These vehicles are often offered through the Red Cross, hospitals and rehabilitation centers, or by a volunteer ambulance corps.

## OTHER TRANSPORTATION

Various other means of transportation may be suitable for meeting the elderly person's needs. This is particularly true if the elderly consumer is planning a trip, such as charter flights, bus passes, etc. Group tours which are organized especially for older people and which cater to their needs appeal to many older individuals. The national associations of older people organize a variety of group tours which fit a range of budgets and personal tastes. A unique advantage is the tours are planned for the slower pace usually preferred by the older individuals. The tours also allow plenty of time for rest and refreshments. Tours for the elderly include both day and week or longer trips. If the older person can afford the expense by plane or cruise ships, world trips may offer new experiences to the older person. Reduced-fare charter flights and package tours by plane or bus can make domestic and foreign travel a reality for the older person.

Bus companies sometimes offer discount rates for various travel plans. Amtrak provides a toll-free number (800-421-8320) for information and reservations. Many sight-seeing tours by bus are offered to the elderly at special rates.

Travel trailer and campers offer the older person a relatively inexpensive way to travel across the country, enjoying the outdoors, sight-seeing, and visiting friends and relatives. Many privately owned camper parks as well as state and national parks offer discount rates to senior citizens as they travel around the country.

## Points To Remember

- Before operating any vehicle the care provider should possess a valid driver's license, be insured, and make sure the vehicle is registered.
- The elderly usually depend upon public transportation more than younger people.
- Transportation services are offered through local governments, churches, and other groups to chauffeur the elderly to visits to doctors and other health-related trips as well as other necessary expeditions.
- City buses usually operate on a fixed route and schedule.
- Taxis are the most common form of public transportation.
- Various types of travel and tour groups meet the needs of elderly to travel and participate in new experiences.
- Travel trailers and campers offer the older person a relatively inexpensive way to travel across the country.

## Words To Know

liable

## Questions for Review

1. Why is transportation often a problem for the elderly?
2. What are the advantages and disadvantages of public transportation?
3. Discuss the types and purposes of transportation available to the elderly.

# 11

# The Elderly in the Marketplace

### COMPETENCY TO DEVELOP

- Determine the care provider's role in helping elderly persons increase their awareness of the ever-changing marketplace.

### OBJECTIVES TO ACHIEVE

- Identify guidelines for helping the elderly purchase clothing.
- Identify guidelines for helping the elderly purchase food.
- Point out the parts of a nutritional label.
- Demonstrate how to calculate the unit price of a product.
- Identify guidelines for helping the elderly purchase personal and household items.
- Point out ways the care provider can assist the elderly with personal affairs.

The elderly are particularly susceptible to the pressures of the marketplace. The marketplace of today offers an increasingly large and more complex number of alternatives than that of earlier generations. The increase in size of marketing system results in a decrease of personal interest in the consumer. It becomes particularly significant to increase the awareness of these changes on the part of the elderly person who wishes to continue to participate effectively in the consumer market. The elder care provider can assist the elderly person in making wise choices when purchasing clothing, food, personal items, and household supplies.

## CONSUMER PRACTICES

### CLOTHING SHOPPING GUIDELINES

1. Select simple, classic styles which usually have a longer fashion life and are therefore better bargains.

2. Look for good workmanship when purchasing clothes. Good quality clothes usually last longer. See Chapter 13 for more clothing information.

3. Consider economical clothing stores such as variety stores, mail-order houses, discount stores, factory outlet stores, thrift and consignment shops, and high-fashion discount stores.

4. Consider clothing "seconds" which often have minor defects and can be obtained at a greatly reduced price.

5. Consider shopping at garage sales and second-hand clothing markets to find clothes for daily wear.

6. Buy clothing during the respective "bargain seasons" when they can be obtained at substantial savings.

## Foods Shopping Guidelines

Food is one area in the budget which can increase or decrease spending quickly in relation to the amount of money available. The care provider can assist the elderly person in ways to spend available money to get the most and best food.

1. Shop once a week from a list. Don't pick up extra items.

2. Shop for sale items and use coupons.

3. Stock up on a good bargain if money is available and item will be used. Try to buy seasonal things when they are in season. Compare meat prices by comparing cost per serving instead of cost per pound.

4. Compare prices on different brands and sizes. Private or store brands are frequently produced by manufacturers of nationally advertised brands and can be as much as 15% cheaper.

5. Try to allow adequate time for shopping so decisions do not have to be hurried. Try to shop at less crowded times, often morning and mid-afternoon are best during the week.

6. Watch as the clerk rings up purchases. Stop clerk and check if overcharging is noticed. Ask for a **raincheck** if a store is out of an advertised special so the product can be purchased at the same price when it is restocked. Return all faulty products to the store.

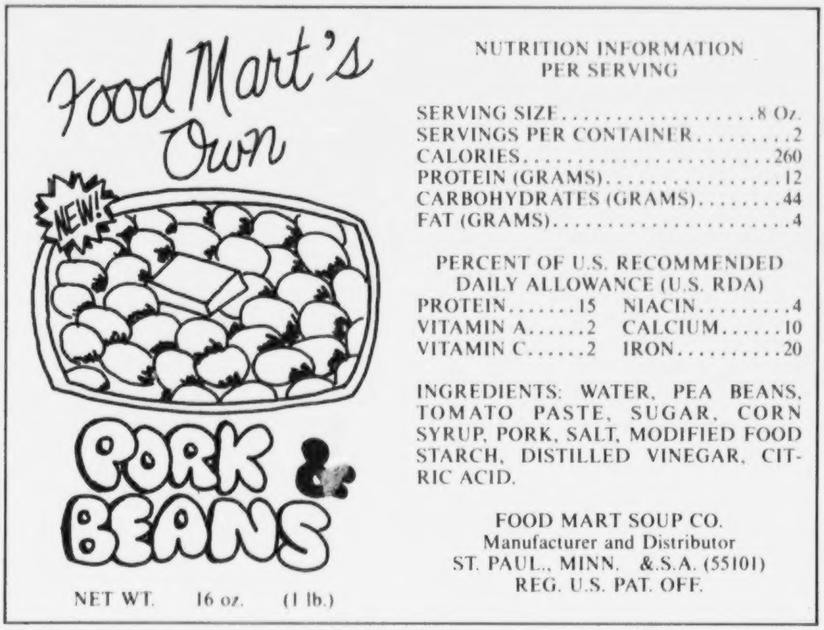
# PRODUCT LABELS AND PACKAGING

1. **Nutritional labeling** is on a panel on the package.
    a. It lists serving size, number of servings in the package and the calories, protein, carbohydrates, and fat per serving.
    b. It gives the percentage of the U.S. Recommended Daily Allowance of protein and seven major vitamins and minerals per serving.
    c. Nutritional labeling is *mandatory* if a chemical additive or nutrient is added, a special nutritional or dietetic claim is made, or

if the product is shipped **interstate**. Many manufacturers *voluntarily* provide nutritional labeling.

d. Nutritional labels can be used to help count calories.

e. Individuals on special diets recommended by their doctor can use labels to help avoid restricted foods such as sodium.


Food Mart's Own
NEW!
PORK & BEANS
NET WT. 16 oz. (1 lb.)

NUTRITION INFORMATION
PER SERVING

| | |
|---|---|
| SERVING SIZE | 8 Oz. |
| SERVINGS PER CONTAINER | 2 |
| CALORIES | 260 |
| PROTEIN (GRAMS) | 12 |
| CARBOHYDRATES (GRAMS) | 44 |
| FAT (GRAMS) | 4 |

PERCENT OF U.S. RECOMMENDED
DAILY ALLOWANCE (U.S. RDA)

| | | | |
|---|---|---|---|
| PROTEIN | 15 | NIACIN | 4 |
| VITAMIN A | 2 | CALCIUM | 10 |
| VITAMIN C | 2 | IRON | 20 |

INGREDIENTS: WATER, PEA BEANS, TOMATO PASTE, SUGAR, CORN SYRUP, PORK, SALT, MODIFIED FOOD STARCH, DISTILLED VINEGAR, CITRIC ACID.

FOOD MART SOUP CO.
Manufacturer and Distributor
ST. PAUL., MINN. &.S.A. (55101)
REG. U.S. PAT. OFF.

2. Labels list ingredients with the ingredient in the largest amount listed first, followed by the other ingredients in decreasing order of amount. Ingredients: water, green beans, sugar, salt.

3. Federal law requires truthful labels. They must be easy to read and not misleading.

4. All the different brands and sizes of a certain product should be examined before selecting one. You are paying for the container as well as the food. Fancy packaging costs more. Name brands are usually more expensive than store brands and store brands are usually more than generic brands.

5. Sometimes packaging costs more than the product. Small containers increase the price.

6. Aerosol cans should be avoided. They have smaller amounts of product inside than comparable spray pump bottles.

7. Canned goods in smaller sizes may cost proportionately more but may result in less waste. It is also possible to freeze part of a package of some items to keep the remainder fresh until ready to use.

8. **Open dating** is a calendar date on packaged meat and other perishable products. The dates help in selecting a fresh product

and in helping to indicate how long the product can be kept before it will spoil. The dates may be any of the types listed below. If the dates are not easy to read or are coded, ask the store personnel how to read them.

a. **packing date**—final processing or packing. Example—canned foods.

b. use before or **freshness date**—quality of product will be as purchased at least until that date. Example—bakery items.

c. **pull date**—store should remove from sale. Date allows for a reasonable time for home use beyond this date. Example—eggs, meat.

d. **expiration date**—quality is not assured beyond this date. Example—yeast.

9. Eighty-five percent of packaged foods now have a series of black vertical bars and numbers known as the **Universal Product Code**.

51000 01261

When the product is passed over an electronic scanner at the checkout counter, the item is identified and the computer matches the product to the price. The price is printed on a receipt along with a description of the product. This method of checkout is expected to reduce costs of store operation. *The shopper must learn to look for prices on the shelf label rather than on the product itself.*

## UNIT PRICING

The larger the quantity purchased at one time, the less that product usually costs per unit. A gallon of milk will usually cost less than buying four separate quarts. To determine if quantity buying is in fact cheaper, **unit pricing** is necessary. Unit pricing is the process of determining the price of a product per unit such as pounds, gallons, ounces, etc. rather than per package. The unit price for a product is calculated by dividing the price of the product by the number of units in the package. The care provider can determine which brand is cheaper and which size of a product offers the best price if the unit price is known. Generally, the larger the quantity purchased the more the consumer gets per dollar.

| **Product** | **Size** | **Price** | **Unit Price per oz.** |
|---|---|---|---|
| Cleanteeth Toothpaste | 2.7 oz. | $ .99 | $.37 |
| Cleanteeth Toothpaste | 4.6 oz. | 1.29 | .28 |
| Cleanteeth Toothpaste | 7.7 oz. | 1.59 | .21 |
| Generic Toothpaste | 4.6 oz. | 1.04 | .22 |
| Generic Toothpaste | 7.7 oz. | 1.29 | .16 |

From the example above, it is possible to determine that the 7.7 ozs. generic toothpaste is the least expensive of the various sizes of the two brands. The 7.7 oz. size of the Cleanteeth Toothpaste brand is the least expensive for that particular brand. Some stores offer this type of unit pricing; others do not and it will be necessary for the care provider to do the calculations and compare prices.

## PERSONAL AND HOUSEHOLD ITEMS

The following guidelines may be followed by the care provider when assisting the elderly person with the purchase of personal and household items.

### SHOPPING GUIDELINES FOR PERSONAL AND HOUSEHOLD ITEMS

1. Compare price, quality, and design. Often the same product is sold under different names, by different states, at different prices. Price alone does not indicate quality.

2. Comparison shop. Different types of stores will charge different prices for the same product and brand and the only way to get the best price is to compare prices. Using the telephone to comparison shop will save time and money.

3. Purchase personal items such as toothpaste or deodorants at drug or discount stores. These items are usually less expensive at these stores than at grocery or department stores.

4. Time shopping according to sale time or specials. Off-season purchasing can be economical in all kinds of products—from air conditioners to vacation trips. It can also avoid some of the crowded periods of the store which mean added strain on older shoppers.

5. Bargain whenever possible for a lower price.

6. Substitute a less expensive item when possible.

7. The marketplace is proliferating in types of places to buy similar products. Study carefully the community, watch for variations in services provided, location, amount of decorations, etc.,—all of which can affect the final price of the goods or service. These stores include:

    a. Factory outlet stores
    b. Recycled—secondhand stores
    c. Discount stores
    d. Garage sales
    e. Goodwill stores
    f. Sample stores

8. Information from sales persons should be evaluated very carefully. Businesses vary greatly on the amount of factual information they provide sales clerks, or expect them to know about the products they sell.

### SHOPPING-BY-MAIL

1. Because elderly consumers are not as mobile, they tend to rely more upon mail-order purchasing. Many businesses provide catalogs from which customers select items and orders. Problems, however, may be encountered with time required to receive product, damage in shipment, and substitution of order.

2. The Federal Trade Commission has recently established rules which make clear consumers rights in regards to these problems.

3. These rights include:

   a. Right to know when to expect merchandise.
   b. Right to cancel order and obtain full refund if not delivered within stated time, or within 30 days.
   c. Right to refund of money within 30 days, if express consent is not given by consumer for an additional delay of over 30 days.
   d. Right to receive refund within 7 business days after purchase is canceled.

## PERSONAL AFFAIRS RESPONSIBILITIES

The elder care provider can assist the elderly person with personal matters such as writing checks for bills, reminding the person when bills are due, etc. The depth at which such responsibilities are carried out will vary with the elderly person's desires and needs and the type of care facility the care provider is working in. Listed below are some of the personal matters in which the care provider might assist the elderly person.

### BUSINESS BILLS

1. Open letters, read, and write replies, as dictated, for persons who can no longer do this themselves.

2. Collect needed information for older person and responsible family member in order to make better decisions.

   An elder care provider could:

   Get estimates of repair costs on appliances, plumbing, TV, etc.

   Call Social Security Office to verify authenticity of mailings that claim to be changes in Medicare, Medicaid, etc. payments/services.

   Call bank to get information on check balance, etc.

3. Keep accurate bookkeeping records of cash purchases made for older person.

4. Go over, explain and on their direction, write out checks to pay monthly bills unless responsible family member takes care of these.

5. Assist, as directed by older person or responsible family member, with newspaper, magazine subscriptions, club memberships, keeping current library cards, senior citizens passes, etc.

## OTHER

1. Make hair care appointments.

2. Read out telephone numbers for older person who can still use telephone, but cannot see numbers, even in large print.

3. Make card file of most frequently used and emergency numbers in large, bold print-color cue emergency numbers and place at telephone side.

4. Dial the telephone number for older persons who cannot dial for themselves. Investigate a telephone with **automatic dialing features**.

5. Hold telephone, or have telephone adapted, so they can talk.

6. Arrange with family members, friends, church group, etc., for transportation to appointments, club meetings, etc.

7. The care provider may also provide transportation for shopping, appointments, etc. See Chapter 10 for more information.

8. Make telephone calls to arrange visits of friends if elderly person is unable.

## Points To Remember

- The elderly are particularly susceptible to the pressures of the marketplace.

- The elder care provider can assist the elderly in making wise choices when purchasing clothing, food, personal items, and household supplies.

- Food is one area in the budget which can increase or decrease spending quickly in relation to the amount of money available.

- Product labels list ingredients, serving size, number of servings in the package, the calories, protein, carbohydrates, and fat per serving, and the percentage of the U.S. Recommended Daily Allowance of protein and seven major vitamins and minerals per serving.

- Open dating is a calendar date on packaged meat and other perishable products which helps the consumer in selecting a fresh product and indicates how long the product can be kept before spoiling.
- The Universal Product Code is a series of black vertical bars and numbers found on products that identifies the product and the price.
- Unit pricing is the process of determining the price of a product per unit such as pounds, gallons, ounces, etc., rather than per package.
- Elderly consumers tend to rely more upon mail-order purchasing since they are not as mobile.
- The elder care provider can assist the elderly with personal matters such as correspondence and business bills.

## Words To Know

automatic dialing feature
expiration date
freshness date
interstate
nutritional labeling
open dating
packing date
pull date
raincheck
unit pricing
Universal Product Code

## Questions for Review

1. Why is it important for the elderly to be aware of the ever changing marketplace?
2. Name four guidelines the care provider should follow when helping the elderly shop for clothing.
3. Name five ways the care provider can help the elderly shop wisely for food.
4. What is the purpose of a raincheck?
5. What information can be found on nutritional labels?
6. Why are name brand foods usually more expensive than generic brands?
7. What is open dating?
8. How does the Universal Product Code work?
9. How is the unit price of a product calculated?

[redacted]

10. Name four guidelines the care provider should follow when helping the elderly shop for personal and household items.

11. Describe four ways in which the elder care provider can assist the elderly with personal affairs.

# 12

# Frauds, Gyps, and Deceptions

**COMPETENCY TO DEVELOP**

- Determine the care provider's role in helping the elderly avoid fraudulent and deceptive practices.

**OBJECTIVES TO ACHIEVE**

- Point out reasons why the elderly often fall for fraudulent and deceptive practices.
- Identify type of fraudulent and deceptive practices.
- Identify ways to spot fraudulent and deceptive practices.
- Explain how the elder care provider can help protect the elderly from fraudulent and deceptive practices.
- List sources where the elderly can obtain protection and assistance.

A great many elderly people are prime targets for ads that offer get-rich-quick schemes, cure-all pills, ointments, etc., and quick profits on investments. The aches and pains of older people, their need for extra income, their vanishing hopes for a retirement home in the lands of warmth and sun, and their gratitude for attention make them easy targets for false advertising and slick salesmanship. Illegal operators and hit-and-run peddlers entice older people into schemes that drain them of their life savings. Older people often fall prey to slick, fast talking salespersons who offer once-in-a-lifetime bargains, an opportunity "you can't afford to pass up." These are the types of salespersons that cannot stand an investigative check, and these are the ones that should be investigated thoroughly. The care provider can assist the elderly by watching for false and misleading claims that may appeal to the elderly and milk them of their savings.

## HEALTH CLAIMS

### CURES FOR EVERYTHING

The old-time medicine men who sold magical cure-alls and pain killers (often high in alcohol or opium) have all but disappeared. However, selling of false hope in the health field has not disappeared. It has simply kept pace with the times.

Ads or salespersons who claim to have a cure for anything (specific or non-specific) that ails an elderly person should immediately send up a warning signal. Most often, these ads or salespersons will appeal to the fears of the elderly that proper medical diagnosis and treatment would be too expensive and the person should turn to the "new astonishing" discovery offered by the peddler. One of the principal **deceptions** aimed at the elderly is the cure for arthritis and rheumatism. This is a favorite, because 12 million Americans have some form of it. Persons should be wary of these claims. There is no known remedy capable of giving any more than temporary relief from the disease. The same, more or less, holds true for claims of a cure for cancer. Effective treatments for cancer presently include chemotherapy, x-ray radiation and combinations of these. Individuals should avoid quacks and institutes of doubtful scientific standing that advertise to cure cancer. When diagnosed and treated in its early stages, cancer may be cured by competent surgery, and in some cases by use of X-ray radiation, or chemotherapy, if such treatment is given by a reputable physician.

### WAYS TO SPOT HEALTH QUACKS

There may be clues to help the care provider identify health quacks. **Health quacks**:

1. will use special or secret machine or formula and claim it will cure an ailment or variety of ailments.
2. will guarantee a quick cure.
3. will advertise with case histories and testimonials.
4. will say X-rays, surgery and drugs will harm you.
5. will say medical persons are persecuting them or afraid of competition.

The care provider can help stiffen the defenses of elderly people against medical quackery by:

1. inviting and listening attentively to their description of their ailment.
2. encouraging them to have a diagnosis made by a competent medical authority.
3. have a relative or close friend insist that they have a diagnosis made by a competent medical authority. Sound advice, given but once, can be easily ignored.

## INCOME SCHEMES

### EXTRA INCOME

Knowing that many elderly people are hard pressed to stretch their retirement income to cover even the barest necessities, the fast buck operators are all to anxious to sell, at a cruel price, false hope for extra income. Many legitimate opportunities are advertised for extra income, but the genuine offers can stand investigation.

The Federal Trade Commission has discovered a pattern to these deceptive offers. The approach is usually by an advertisement promising excellent, even spectacular profits for easy spare time work. The ads will frequently appear in the "Help Wanted" columns of newspapers. The catch, however, is that before the person can start to receive these phenomenal profits, there is usually an investment of money needed for inventory or a purchase of some kind. A person who is genuinely interested in the advertised operation should carefully investigate first. They should talk with the **Better Business Bureau**, or anyone in whom they have confidence. Individuals should get all the facts before investing money.

## BUNCO SCHEMES

Another group that the elderly very often fall prey to is the con-artist—sometimes referred to as a **bunco** artist. These are persons who practice a swindling game or scheme intended to part the elderly person from their money. A person may think that he or she is much too sharp, or too intelligent to fall for anything like that, but law enforcement officers with any expertise in the area indicate that there is no end to the ways in which intelligent, well-educated, otherwise aware people can be swindled and defrauded every day if they are hit with the right scheme, at the right time, by the right "operator." Despite all that law enforcement agencies can do, these schemes flourish as fast as they are exposed. Those who believe that they can get something for nothing are literally setting themselves up to be swindled. However, being aware that these things do happen is the best protection one can have. When aware of some of the common approaches, one is more likely to think before doing anything drastic.

### "PIGEON DROP" SCHEME

In the "**Pigeon Drop**" bunco, the victim is approached by the swindler and engaged in conversation on any sympathetic subject. This move is designed to gain the trust and confidence of the victim. About this time, a second person appears on the scene and claims to have just found a large sum of money. The victim is led to believe that whoever lost the money came by it illegally. The swindlers and the victim discuss what to do with the money. The second swindler suggests that, since the money was stolen or belonged to a gambler, they split it three ways. But each of them must show their "good faith" by going to the bank and withdrawing all their money from the bank. The victim is swept along with the expectancy of getting something for nothing. Once the victim has withdrawn his or her life savings from the bank, the swindlers cleverly exchange the money for a pouch full of paper. Hence, the life savings disappears with the bunco experts.

## "BANK EXAMINER" SCHEME

The **"Bank Examiner" scheme** involves a phony bank or savings and loan "investigator" who calls at the house claiming to be checking up on a dishonest employee. The person usually has a bunch of important looking papers and deposit slips from the bank of the victim they are calling on. The "bank examiner" wants help in checking on this dishonest employee by going to the bank and withdrawing all of the victim's own money so that the "bank examiner" can see what the employee does. Either the "bank examiner" or an F.B.I. messenger will pick up the money at some pre-arranged point. The "examiner" is given the money, and in turn gives a receipt and thanks for the cooperation of the victim. Once the "bank examiner" is gone, neither the examiner nor the money is ever heard from again. The bank, of course, never heard of the "bank examiner." Many banks, when asked by elderly persons to withdraw large amounts of their savings, will attempt to question the customer more carefully in order to help prevent such schemes.

It doesn't seem possible that anyone would actually fall for either of these two bunco schemes. But, it happens— everyday! The swindlers are experts. They know how to make the victim feel important, as if he or she is in on something big. The idea is to get the victim to act "immediately," without delay; because if they stop and think, the bunco artist's stories begin to fall apart. Persons should not make hasty decisions about money or property, ever. If it is legitimate—it will be there tomorrow.

If the care provider expects any deceptive claims or con artists at work, the following precautions should be taken:

1. call the police immediately, or
2. call the Better Business Bureau, or other consumer protection agency
3. talk with a reputable banker

Get all the facts before the elderly person invests any money.

## LANDS IN THE SUN

Before rushing to purchase a retirement home in some advertised areas, individuals should always investigate. Elderly people are extremely susceptible to advertising of a retirement home by a mail-order developer. Before buying, one should consult a lawyer or real estate agent.

Most states have some kind of land sale transaction laws. Before purchasing land, individuals should contact the proper state agency in which the land is located or HUD, Office of Interstate Land Sales Registration, Washington, D.C. 20411, and learn about the seller of the land. If the deal sounds too good to be true, it probably is.

## OTHER SCHEMES

### BAIT AND SWITCH

In this scheme, someone advertises a commodity at a ridiculously low price to get customers into the store or the place of business. This then, is the **bait**. The customer asks to see the bargain or sale item only to find that it is sold out or does not exist. He or she is then steered to a higher priced item - hence, the **switch**. The practice is illegal; the care provider should report it to the Better Business Bureau or other consumer protection agencies.

### BOOKS, ENCYCLOPEDIAS AND MAGAZINES

1. Salesmen may use a sob story angle—such as: they are cripples, war veterans, or college students and are selling magazine subscriptions for points.
2. Check credentials.
3. Don't feel forced to buy what is not needed or wanted or places strains on income.

### BURIAL SCHEMES

1. Beware of salesmen of cemetery lots. Common **burial schemes** include:
    a. The survivor is relieved of the difficult decision when their business judgment is bad.
    b. It helps to prevent family squabbles about where person will be buried.
    c. Prices will be higher later.
    d. It reduces demand on survivor's life insurance payoff when money counts.
2. Investigate prearranged funerals carefully. Money can be tied up and not earn any interest.

### CHARITY SOLICITATIONS

1. The U.S. has long been noted as a country that is concerned with the health and welfare, of not only America but also of the world. As such, there are numerous (approximately 8,000) charitable, religious, and educational organizations concerned with providing assistance to their respective groups.
2. In order to promote ethical practices by philanthropic organizations, the Better Business Bureau (BBB) has developed a Set of Standards for evaluating organization, management, and finances of charitable concerns.

3. The Better Business Bureau should be contacted to determine if the group with whom a consumer is dealing meets the BBB standards for charity solicitations. The information obtained then can be used as a guide for a decision to contribute.

## CONTRACTS

Never sign a contract without thoroughly reading and understanding its contents. If there is something that is not understood, don't sign. If there are blank spaces, don't sign. If there are still questions after having read the contract, have a lawyer, banker, or some other appropriate expert look it over. A signature is one of the most valuable things one owns. Use it carefully.

Contracts are written for both goods and services. They should be reviewed for what the responsibilities are for both the seller and the buyer.

## HOME IMPROVEMENT RACKET

1. May tell you you home has been selected as a model; you will get the product at a reduced price and also a commission on any sales he makes in your neighborhood. The promised commission may never come and the work may be shoddy.

2. Offers various types of improvements: aluminum siding, furnace cleaning, roofing, septic tank cleaning, water conditioners, porches, etc.

3. Get at least a dozen names of people who have had this company do work and contact them.

4. Always read and understand the contract before signing.

5. Demand a duplicate contract with contractor's signature on it.

6. Do not sign a completion certificate (which may be given) until the work is finished to your satisfaction.

7. Know your payments and finance cost. May be told to sign the contract and will "only have small monthly payments."

8. Make sure the workmanship and product are guaranteed.

9. Make payments on time. If a house is involved in the contract as collateral, as it usually is, the whole house can easily be lost if payments are not made on time.

10. Always check with the Better Business Bureau to see if the deal, contract, company, etc., is legitimate.

11. Ask to see Peddler and Soliciter's permit. Door to door salespeople are required in many cities to have a permit if between the ages of 15 and 60.

## MAIL-ORDER FRAUD

1. Problem

   Since consumers cannot see product or seller, mail fraud is a particularly attractive area for deception. This deception is increased even more through its appeal to the elderly who more frequently must rely on buying by mail.

2. Cautions to Take

   a. Read entire ad, including small print.

   b. Search ad for precise description of product— weight, material, description.

   c. Avoid items with overblown terms like "fantastic, incredible, revolutionary."

   d. Look for money-back guarantee—use extreme caution if none given.

   e. Do not assume company is reliable just because it advertises in a reputable magazine.

   f. Check with BBB for information on any questionable sellers.

3. Preventive Legislation

   a. U.S. law provides for fines and imprisonment with convictions of intent to deceive or misrepresent through the mail service.

   b. The U.S. Postal Inspection Service as well as the Federal Trade Commission is responsible for the monitoring of attempted fraud.

4. Unordered Merchandise

   a. Only free samples and merchandise from charitable organizations seeking contributions can be legally sent through the mails without a previous request.

   b. The consumer is not obligated to pay for, help, or return any unsolicited merchandise. Nor is it legal for the consumer to be pressured to return the merchandise or pay for it.

   c. Any harassment should be reported to the Federal Trade Commission.

## PRESSURE SELL

This is the rush technique, coupled with a generous dose of anxiety—producing a high **pressure sell**. Never be influenced to sign anything or buy anything when tactics like this are used. If the deal is a good one, tomorrow it will still be a good deal. Allow time to do some checking and a chance to compare prices and services with other businesses and with the Better Business Bureau.

## SOURCES OF ASSISTANCE

Some people make a living by cheating others. Many times these individuals count on the person who has been swindled not to report the swindle, because they are embarrassed. When working in assistance services for the elderly, it will be helpful for the care provider to be familiar with places where one can receive help in case of **fraud** which include:

| **Organization** | **Cases It Can Help** | **Type Help** |
|---|---|---|
| **Better Business Bureau** | Almost any product or money fraud. Very helpful in getting information on standard kinds of frauds. | Information Before<br>Help After |
| **Chamber of Commerce** | Some Chambers of Commerce have Better Business Bureau lists of frauds. Try BBB First. | Information Before |
| **Federal Trade Commission** | Products and services made, sold or advertised ACROSS STATE LINES. | Information Before |
| **Food and Drug Administration** | Regulations for foods, drugs, medical devices and cosmetics. | Information Before |
| **Police**<br>City<br>County | Criminals and con men in area. | Help After |
| **Post Office**<br>Postal Inspector | Anything involved with mail; anything ordered, shipped as advertised, billed or paid for by mail. | Information Before<br>Help After |
| **Small Claims Court** | Dispute settlement of minor matters at very little cost. | Help After |
| **State Attorney General** | Products and services made, sold or advertised WITHIN STATE. | Handles complaints of deceptive practices. Does not give information or advice. |

## Points To Remember

- A great many elderly people are prime targets for ads that offer get-rich-quick schemes, cure-all pills, ointments, etc., and quick profits on investments.
- Elderly persons should be wary of ads or salesmen who claim to have a cure for anything that ails them.
- Before investing money in any advertised operation, the elderly should talk with the Better Business Bureau or anyone in whom they have confidence.
- Intelligent, well-educated and otherwise aware people can be swindled and defrauded every day if they are hit with the right scheme, at the right time, by the right "operator."
- Persons should never make hasty decisions about money or property. If something is legitimate, it will be there tomorrow.
- If the elderly person has any questions or concerns regarding schemes, frauds, etc., he or she should contact the Better Business Bureau or other consumer protection agencies.
- Since consumers cannot see the product or seller, mail fraud is a particularly attractive area for deception.

## Words To Know

bait and switch
"bank examiner" scheme
Better Business Bureau
bunco
burial scheme
deceptions
fraud
health quacks
"pigeon drop"
pressure sell

## Questions for Review

1. How can the care provider specifically help the elderly from being swindled or conned?
2. What are two health deceptions commonly aimed at the elderly?
3. What are three ways to spot a health quack?
4. Why should the elderly avoid a bunco artist?
5. Explain how the "pigeon drop" scheme works.
6. Explain how the "bank examiner" scheme works.
7. What is the actual bait and switch in this type of scheme?
8. When is it considered safe to sign a written contract?

[redacted]

9. How can the elderly take precautions against mail-order fraud?

10. What should a person do that receives an unordered piece of merchandise with a bill enclosed?

# 13

# Clothing Needs

**COMPETENCIES TO DEVELOP**

- Analyze the clothing needs of the elderly.
- Determine the clothing maintenance needs of the elderly.

**OBJECTIVES TO ACHIEVE**

- Identify the clothing needs of the elderly.
- Describe how the elder care provider can help select and coordinate clothing from the wardrobe for the elderly person.
- Give examples of desirable clothing features to look for when selecting clothing for the elderly.
- Identify the basic steps to good laundering and clothing maintenance.

Clothing is an essential need of all people, including the elderly population. Individuals have different needs in clothing at different stages in life. Clothing needs can be classified as physiological, sociological, and psychological.

## CLOTHING NEEDS

**Physiological** (physical) **needs** change as changes in the body occur. There is often an increase in weight and fat deposits around the waist, stomach, and hips. The expanding waistline causes the body to appear almost straight from the shoulders to the hips. The older body tends to grow shorter and a stooped posture is noticeable. Frequently, older people become larger in the bust and tend to develop a protruding abdomen. Due to physical changes in the body, the care provider will need special attention in selecting clothing for the older persons as garments can either minimize or maximize these body changes.

**Sociological** (social) **needs** also change with each stage in life. Society usually defines what is appropriate dress for different age groups. Society either accepts or rejects one's dress depending on whether it conforms to society's standards. An elderly woman wearing a bikini would not conform to the standards set by society and this would be considered inappropriate and unacceptable for her age. The standards in dress for an individual vary with age, sex, social status, geographic location, occupation, and economic level.

**Psychological needs** in clothing help to develop a good self-image and self-concept. Individuals of all ages including the elderly, select clothing that will obtain a positive reaction from significant others. A person's clothes give a sense of identity. Attractive, comfortable clothing can add to a good self-image and personal dignity. Being nicely dressed also helps with personal morale and adds to a sense of responsibility. Many older people lead very active social lives; and like younger people, they want to be fashionable and maintain a good personal appearance. They want their clothing to be made out of beautiful and durable fabrics, easy to put on, stylish, comfortable, affordable, and easy to care for.

## SELECTING AND COORDINATING CLOTHING FROM THE WARDROBE

The elderly should be encouraged to select their own clothing for daily wear. This personal decision helps to enhance a sense of identity and adds a sense of security and independence. However, due to physical or emotional reasons, the elder care provider may need to assist in selecting and coordinating clothing from one's wardrobe for daily wear. Some older persons may be color blind and have a difficult time seeing and distinguishing different colors. Color blindness makes it difficult to **mix and match** colors to achieve an attractive color scheme. Others may not have the strength to select their own clothing.

Suitable clothing should be selected according to the types of activities the person will be involved in each day according to the weather outside. Personal preference should be considered first when the elderly person describes what they want to wear each day. It is also important to select clothing that looks nice on the individual and is comfortable.

Certain activities will call for casual dress and others for a more dressy appearance. The care provider should be aware of the elderly person's needs and activities each day. The elderly person may want to dress more formal when attending religious activities and more casual for visiting friends or staying at home.

The elder care provider can assist the elderly person in extending the present wardrobe by mixing and matching clothing, using **accessories**, and using color wisely. Mixing and matching is a creative and fun way to make more outfits from one's current wardrobe. By combining different blouses, pants, skirts, etc., a variety of outfits can be assembled.

A small or limited wardrobe can be stretched by the smart use of accessories. Accessories include, but are not limited to, items such as jewelry, scarves, belts, hats, neckties, purses, or shoes. Accessories add variety to a wardrobe and can dress up or make an outfit more casual. They can also help to coordinate an outfit. If a blue skirt and a white blouse are selected from one's wardrobe, a scarf with blue in it will give a coordinated look to the outfit. Often the elderly person will not think of using accessories to extend or coordinate outfits; this is where the care provider can be of great help. Accessories are also useful when trying to hide figure problems or to draw attention away from problems. For example, wearing bright jewelry around the neck can draw attention away from large hips. A scarf or necktie can help to hide wrinkled or dry skin on the neck.

Color can also draw attention to or away from a particular part of the body and can make the body appear larger or smaller. Bright colors call attention to the area where they are used. Lighter colors make the body look larger and darker colors make it appear smaller. Large hips will appear smaller if a dark-colored skirt or pair of pants is selected.

Color is very powerful and can affect one's mood, feelings, and looks. Red is considered a vibrant color and can make one feel full of energy. The chart below lists a few of the feelings one gets from different colors.

| **Colors** | **Feelings Projected** |
|---|---|
| Orange | warm, cheerful |
| Yellow | bright, cheerful |
| Green | refreshing, restful |
| Blue | cool, calm |
| Black | sophisticated, mysterious |
| White | cool, serene |
| Red | bright, vibrant |

If the care provider is aware of the elderly person's feelings and needs, choosing different-colored clothes from the existing wardrobe can help to cheer, calm, or make a person feel good. When individuals feel tired and worn down, a red shirt may make them feel more energetic, or a green blouse may help them feel refreshed and rested.

Everyone has a favorite color or two. The care provider should be able to identify the elderly person's favorite color by studying the wardrobe. There will probably be one or two dominant colors. People choose certain colors because they look good on them and they are in fashion. A person's skin tone determines which colors look best on them. It is best to experiment with colors to find out which are the best for one's skin tone, hair, color and eye color.

Guidelines the elder care provider should follow when selecting and coordinating the elderly persons daily clothing include:

1. Let elderly person have first preference when choosing clothes to wear.

2. Discuss the person's activities for the day and decide if casual or more dressy clothing is appropriate.

3. When appropriate, suggest dressing according to the weather out-of-doors unless all activities will be indoors.

4. Choose clothing that looks nice on the person, makes the individual feel good, and is comfortable.

5. Mix and match clothing to create several different outfits.

6. Use accessories to create a coordinated outfit.

## DESIRABLE CLOTHING FEATURES IN READY-MADE CLOTHING

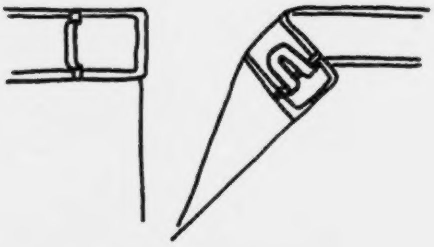
When assisting the elderly person with shopping for clothing, the care provider needs to look for certain desirable clothing features. The care provider also needs to keep in mind the elderly person's present wardrobe including color and accessories. Features the care provider needs to look for in ready-made clothing include: fabrics, fasteners, design, comfort, safety features, and cost.

### FABRIC

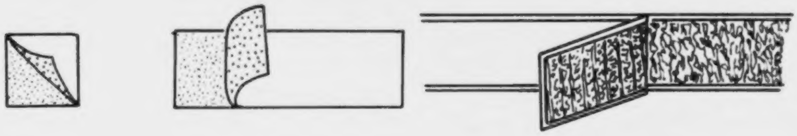
Strength of fabric is needed to withstand strain or abrasion. Reaching, pulling, bending, using a walker, or wheelchair are just a few of the activities which cause strain on clothing. Abrasion is caused by continuous rubbing such as when using crutches or a brace. Stretch fabrics such as knits and stretch wovens can withstand reaching and pulling motions and will hold their natural shape. They are also very comfortable, especially when a soft, smooth, texture is chosen. A natural fiber such as cotton is comfortable and absorbent, but does not stretch or give like knits do. Wool fabrics supply warmth but may be itchy and irritating. All-season fabrics that can be worn year-round help to cut down on the cost of clothing.

### FASTENERS

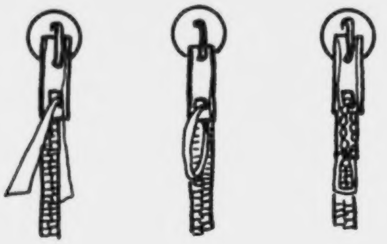
Clothing should be easy to put on and to take off. The type, location, and size of fasteners will determine how easily clothing can be managed. Manipulating fastenings on garments can be extremely difficult with loss-of-finger dexterity or limited range of motion. Selecting or adapting garments with fewer fastenings helps to compensate with such problems. Generally, small fasteners such as snaps, buttons, or hooks and eyes are more difficult to handle. Large buttons with shanks and large metal hooks with bars are much easier to handle even with limited physical strength or finger dexterity. Large metal hooks with bars are often found on men's slacks and women's skirts and slacks.



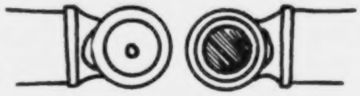
Velcro is a fastener that can be used anywhere on a garment to replace buttons, snaps, or other closures. It can also be used on belts and overshoes. Velcro consists of two layers of tape, one layer with tiny loops and the other with tiny nylon hooks. The layers are pressure sensitive and cling together when light pressure is applied. They unlock by pulling the strips apart. Velcro comes in various lengths, widths, shapes, colors, and can be purchased at fabric stores and most department stores.



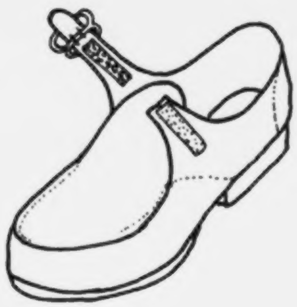
Zippers can also be used to replace other types of fasteners. Large decorative zipper pulls are easier to grasp and can be made of a fabric loop, or a metal ring may be attached to the tab.



Magnetic fasteners are also used to replace other types of fasteners. Magnetic fasteners require very little force to fasten or pull apart. A tiny magnet holds the fastener together.



Slip-on shoes are more convenient than lace-ups. Velcro fasteners can be found on shoes.



## DESIGN AND STYLE

Good design of garments can make dressing and undressing easier and assistance from the care provider easier. Front or side openings are more accessible for those with a limited range of motion and reach. Openings that are easy to manage and reach will reduce the time and stress involved in dressing. Wrap-style garments such as dresses or skirts required little physical exertion. Most pullover styles are not recommended for the older person with decreased strength and limited range of motion.

## COMFORT

Comfortable clothing is essential for the elderly. Garments should be the correct size so that they fit well. However, clothing in a size larger may be more comfortable in a situation where there will be a great deal of strain. Clothing should be full enough for ease of movement in the sitting and standing positions. Clothing that is too tight or rides up on the body is uncomfortable and unattractive. As pointed out earlier, knit fabrics and stretch woven fabrics offer ease of motion. Comfortable, proper fitting shoes and socks are equally needed by the older person. Shoes with low, wide heels offer the best support and comfort. Shoes made of soft leather or other soft material offer the greatest comfort. Cotton socks are comfortable and absorbent compared to nylon. Nylon socks and stockings are often too tight and interfere with circulation. Cotton or cotton blend underwear is also recommended because of its comfort and absorptive quality.

## SAFETY

Safety is another aspect to consider when selecting clothing for the older person. Falls and burns are the the most frequent accidents involving clothing and footwear. According to the National Safety Council, falls are the number one killer in the home. Eighty percent of the fatal falls at home occur among people in the 65 and over age group. The percentage increases even more for those in the 75 and over age group. Burns are the second cause for the largest number of accidental deaths following falls. Almost half of the accidents involve clothing. To decrease the number of accidents caused by clothing, styles and design features need to be considered. Full-length robes or housecoats can be dangerous because feet can be hooked on the lower edge of the garment and cause one to stumble. Pants, dresses, and other garments should be at a safe, comfortable length to avoid tripping and falling. Belts and ties should be kept at a shorter length to avoid being stepped on or tripped over. Nonflammable garments should be selected whenever possible. Sleeve lengths are important because loose fitting, long sleeves can become fire hazards, get caught in doors, or cause other accidents. Fitted full-length or three-quarter length sleeves are much safer. Clothing worn in the kitchen should have no hanging parts or excess fullness that could easily come in contact with flames or surfaces of the stove. Slick-soled shoes or slippers can be extremely dangerous, especially on hard finish floors such as tile or wood. Walking or climbing stairs in stocking feet should be avoided. If shoes with laces are worn, they should always be tied to avoid tripping over them. Shoes that are especially dangerous include high heels, wedge-style shoes, clogs, and loose fitting sandals. These types of shoes provide little, if any support and can be very dangerous.

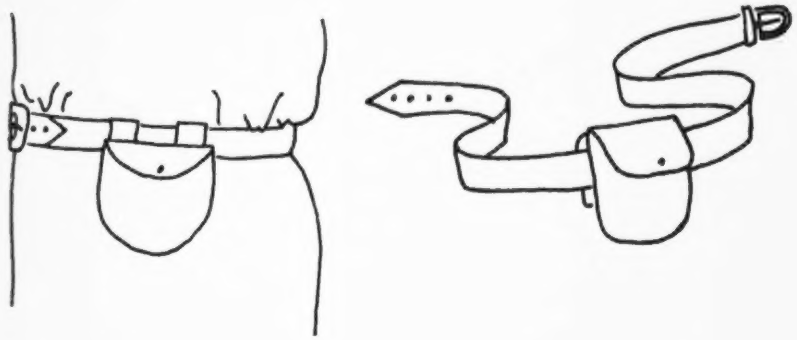
## COST

Due to rising clothing costs, it is important to maintain a year-round wardrobe. Clothing should be chosen that fits the needs and activities of the older person. All season fabrics are available in a variety of beautiful colors, designs, and textures. Durable, well-made clothing will last longer than poorly constructed garments and will save time and money on purchasing additional clothing. Dry cleaning garments can be very expensive so machine washable clothing is advisable.

## CLOTHING FOR PERSON CONFINED TO WHEELCHAIRS

Clothing styles that facilitate the use of a wheelchair are sometimes needed by the older person. Woven stretch fabrics and knit fabrics provide the stretch needed for freedom of movement. Extra fullness is needed across the back and across the chest when maneuvering the wheelchair. Adding pleats to the front and back of a garment will provide the required added fullness. Fullness in the sleeves is also recommended for ease of movement and comfort.

Pockets on clothing should be easy to get to for the person in a wheelchair. Shallow front pockets or patch pockets are best. Pockets in side seams and back pockets are impossible to reach. Pockets can be attached to a waistline belt, as illustrated, or attached to the inside arm of the wheelchair.



Pants should be longer for the person in a wheelchair because the pants will pull up and leave a gap at the ankles when in the sitting position. Dresses and skirts should be full enough to provide comfort and long enough to cover the knees. Care must be taken when very full skirts are worn because they can get caught in the wheels of the chair. Dresses often bunch up at the waistline when in the sitting position. By wearing a two-piece outfit, a skirt and a blouse, the blouse can be worn over the skirt to eliminate the bunching. If tucked in, the blouse will eventually be pulled out of the skirt from body movement. A neater appearance is achieved by leaving the blouse outside the skirt. Elasticized waistlines provide more comfort than a fitted waistline. Wrap-style skirts and dresses are very suitable for those in a wheelchair.

## MAINTAINING THE WARDROBE

People of all ages, including the elderly, want to look their best—to be neat, clean, and well-groomed. Often, due to physical limitations, the elderly are not able to care for their own clothing. The care provider can assist in a variety of ways with daily and weekly clothing maintenance. However, the amount of clothing maintenance assistance a care provider can give is dependent on the facility or private home situation. Clothing maintenance includes washing, drying, ironing, pressing, mending, and storing clothes.

Clothes look much better and last longer when they are cared for properly. Washing results in clean garments and removes odors and wrinkling caused by wear. In doing laundry it is important to follow basic procedures. For best results the care provided should follow specific steps for doing laundry which include:

1. Read **care label**.
2. Sort clothes.
3. Mend or repair clothes.
4. **Pretreat** stains on clothes.
5. Select water temperature.
6. Select washing products.
7. Wash clothes.

The care provider should always use a stain removal chart as a guide for removing stubborn stains and spots.

The care provider can also prolong the life of clothing by checking for holes, tears, or weak spots in clothing and making any needed repairs. The most frequently needed clothing repairs include patching, sewing on buttons, or resewing seams. Generally the sooner a repair is made, the easier the job will be to fix it. Mending should always be done before laundering to avoid further damage to the item in need of repair.

If the elderly person is able to manipulate a needle and thread, making one's own repairs can help build self-esteem and create a feeling of independence.

## Points To Remember

- Clothing needs are classified as physiological, sociological, and psychological.
- Suitable clothing should be selected according to the types of activities the person will be involved in and according to the weather.
- A wardrobe can be extended by mixing and matching clothing, using accessories, and using color wisely.

- When purchasing clothing, features to consider include: fabric, fasteners, design, comfort, safety and cost.
- Clothing should be easy to put on and take off.
- Front or side openings are more accessible for those with a limited range of motion and reach.
- Falls and burns are the most frequent accidents involving clothing and footwear.
- Careful selection and coordination of clothing can emphasize one's good features and de-emphasize those that detract from a person's appearance.

## Words To Know

accessories
care label
mix and match
physiological needs
psychological needs
pretreat
sociological needs

## Questions for Review

1. Name the three ways that clothing needs can be classified.
2. How can the elder care provider assist the elderly in selecting clothing from the existing wardrobe?
3. Explain how accessories and color can be used in a wardrobe.
4. Name six desirable features the care provider should look for when assisting the elderly purchase clothing.
5. Name four types of fasteners that are the easiest for the older person to manipulate.
6. Why are full-length robes or sleeves more dangerous than shorter lengths?
7. What are some desirable clothing features for a person in a wheelchair?
8. Explain how mixing and matching can affect a person's wardrobe.
9. How does color affect one's mood, feelings, and looks?
10. List the steps to follow when doing laundry.
11. How can the life of clothing be prolonged?
12. When should fabric repairs be made?

# 14

# Nutrition for the Elderly

**COMPETENCY TO DEVELOP**

- Describe the importance of nutrition for the elderly.

**OBJECTIVES TO ACHIEVE**

- Identify the daily food requirements for the elderly.
- Describe the different factors that influence the food intake of the elderly.
- Identify common dietary deficiencies and diseases associated with the elderly.

Nutrition is extremely important for the elderly. In fact, it may be more important at this stage of life than at any other because of aging body systems, chronic disorders are more prevalent, and there is often an increased use of medication. The elderly are faced with a dilemma in terms of their diet because their energy or calorie requirements are lessened due to decreased physical activity while their nutrient levels remain the same as for other adults. Therefore, it is essential that the diet of an elderly person be **nutrient dense**. In other words, the elderly person must consume fewer calories, yet eat foods high in nutritive value. Eating a healthy diet provides the body with energy, strength, and the capacity to resist infection and disease.

## BASIC NEEDS

### DAILY REQUIREMENTS

All the foods people eat have been categorized into five groups. The Basic Five **Food Groups** are a natural grouping of foods based on nutrients. Foods in each group provide similar nutrients. Four of the groups—Milk and Milk Products, Meat and Legumes, Fruit and Vegetables, and Bread and Cereal—supply the nutrients the body needs, as well as all needed calories for energy. The nutrients these four food groups supply are vitamins, minerals, carbohydrates, and proteins. The fifth group—Fats, Sweets, and Alcohol—provide mostly calories and few nutrients. This group's contribution to health is more limited than that of the other groups. To ensure an adequate diet, a variety of foods from the five different food groups should be included daily.

## FOOD GROUPS

The **Milk and Milk Products Group** includes:

milk (whole, low fat, non-fat or skim, buttermilk, non-fat dried)

cheese (cheddar types, cottage cheese, and other cheeses)

ice cream

other milk-made foods

The recommended amount for the elderly is 2 or more cups (8 oz.) daily or its equivalence in other milk-made foods. Cheese and ice cream may replace part of the milk as follows:

1/2 cup cottage cheese = 1/3 cup milk

1 oz. cube or slice cheese = 3/4 cup milk

1/2 cup ice cream = 1/4 cup milk

The **Meat and Legumes Group** includes:

meats (beef, veal lamb, pork, liver, heart)

poultry and eggs

fish and shellfish

dried beans and peas, lentils, all nuts, peanuts, peanut butter

The recommended amount for the elderly is 2 or more servings in order to supply 46 to 56 grams of protein which is the recommended daily requirement for persons 60 years of age or older. Each portion of the following foods yield approximately 12 to 20 grams of protein:

2 to 3 oz. of lean, boned cooked meat, poultry, or fish

2 eggs

1 cup cooked peas, beans or lentils

4 tablespoons of peanut butter.

Many senior citizens never achieve the recommended daily requirements for the meat group due to the fact that it is the most expensive food group. Those on a fixed income shy away from this group. Some cuts of meat like liver, are less expensive but are equal in nutrition.

The **Fruit and Vegetable Group** includes:

all fruits and vegetables

The recommended amounts for the elderly is 4 or more servings daily. One serving of a good source of Vitamin C should be eaten daily. A good source of Vitamin A should be in included in the diet every other day. Food sources of **ascorbic acid** (Vitamin C) include:

grapefruit
grapefruit juice
oranges
orange juice
broccoli
melons
raw cabbage
potatoes
cantaloupe
brussels sprouts
mustard greens
turnip greens
collards
lemons
tomatoes
tomato juice
tangerine
kale
strawberries

Food sources of Vitamin A include:

dark green or deep yellow vegetables and fruits

apricots
sweet potatoes
cress
persimmon
broccoli
leaf lettuce
kale
winter squash
cantaloupe
chard
turnip greens
pumpkin
carrots
collards
mango
spinach

Choose the remaining servings to make a total of at least 4 servings for the day, from other fruits and vegetables listed below or choose additional servings from the Vitamin C or Vitamin A groups. Other fruits and vegetables include:

asparagus
celery
peaches
parsnips
rhubarb
prunes
squash
beans
corn
lettuce
beets
pears
grapes
turnips
berries
lima beans
cauliflower
eggplant
peas
plums
onions
apples
raisins
green beans
cooked cabbage
pineapple
potatoes
rutabagas
cherries
bananas

A serving of fruits or vegetables for the elderly is:

1/2 cup of cooked vegetable, fruit or juice

1 cup of a raw vegetable such as a salad, or as often served, 1 medium apple, banana, orange, or potato

1/2 of a medium grapefruit or cantaloupe

the juice of 1 lemon

The **Bread and Cereal Group** includes:

all breads and cereals that are whole grain, enriched (vitamins and minerals were added to improve nutritive value), or restored (nutrients lost during processing are replaced)

macaroni
rice
breads
corn meal
spaghetti
quick breads
cooked cereals
crackers
noodles
baked goods (when made with wholegrain or enriched flour)

This food group often forms the bulk of the elderly person's diet because these foods are softer, easier to chew, require little preparation, and cost the least. Unfortunately, these carbohydrate foods are usually higher in calories. The recommended amount for the elderly is 4 or more servings daily. A serving consists of:

1 slice of bread

1 two inch biscuit or muffin

1 oz. or 3/4 cup dry, ready-to-eat cereal

1/2 to 3/4 cup cooked cereal, cornmeal, grits,

The **Fats, Sweets, and Alcohol** group includes foods such as:

butter
sugar
soft drinks
margarine
jams
alcohol
mayonnaise
jellies
salad dressings
candy
syrups
unenriched breads, pastries, and flour products

There is no recommended number of servings for this group. Because the elderly need to eat fewer calories, yet eat foods high in nutritive value, foods from this group should be used sparingly. Foods from this group should be saved for special occasions, such as a birthday or holidays.

## A SENSORY VARIETY GUIDE

The five senses should be considered in using the Basic Food Groups to plan meals. Consider sight, smell, taste, touch, and hearing to plan interesting, exciting, and enjoyable meals. In selecting foods from the Basic Food Groups, the care provider should consider the following for **sensory variety**:

1. Foods should be attractively combined by color. Use a variety of colors each meal. If needed, add colorful garnish such as parsley, or carrot curls.

2. Foods with a variety of flavors add interest to a meal.

   a. Avoid using the same flavors in a meal. For example, tomatoes should not be served in soup, salad, and sauce in one meal or apples in sauce, beverage and pie in one meal.

   b. Select foods that have flavors that go with each other. For example, spaghetti is mild and goes with meat sauce which is highly seasoned. Ham goes with pineapple, liver with onions, and roast pork with apples.

3. Select foods with a variety of shapes and sizes. For example, roast beef with peas is better than meatballs with peas.

4. Serve foods with different textures in a meal. Add interest by using soft, chewy, and crisp foods.

5. Use more than one method of preparation for a meal. Don't have everything fried, creamed, baked, or broiled. Use a combination of these.

6. Serve foods with a variety of temperatures. For example, serve a hot oven meal with a cold salad and ice cream on warm pie.

7. Know the likes and dislikes of the person for whom you are preparing or planning meals.

8. Know the surroundings in which the meal will be eaten. If it is for an elderly person dining alone, the care provider might suggest eating in front of the TV.

## FACTORS THAT INFLUENCE FOOD INTAKE

It is important that the care provider recognize the various factors that influence the food intake of the elderly. Several factors influence the food intake and nutritional status of the elderly including physiological changes, psychological changes, and social changes. Degenerative changes become more rapid after the age of 60. Some of the physiological changes that frequently occur include greater percentage of body fat, a decrease in energy level, reduced physical activity, less efficient digestion, and absorption of some nutrients. The senses of smell and taste become less sharp. The loss of teeth and increased peridontal disease can affect the ability to eat. All these physiological changes can influence the nutritional needs and status of the elderly.

Physical factors that influence food intake include:

loss of smell and taste
lack of physical activity
dental problems
constipation and diarrhea
physical weakness
chronic disease
drug interference
less efficient digestion
less efficient absorption of some nutrients
flatulent problems

Psychological changes are sometimes more influential in the nutritional status of the elderly. Depression that accompanies retirement or financial problems imposed by a fixed income are just two of the psychological changes that are encountered by many senior citizens.

Psychological factors that influence the food intake of the elderly include:

emotional depression
lifetime eating habits
personal taste preference
loss of appetite
lack of socialization with meals

Social factors that influence the nutritional status of the elderly include:

financial restrictions
inconvenience of food preparation
unable to adapt to unfamiliar surroundings; nursing home, hospital, etc.
inaccurate dietary beliefs

All these different factors can influence the nutritional status of the elderly. This is not to say that all senior citizens are faced with all these changes and problems. Most of the elderly are happy, healthy, active, and well-adjusted individuals.

## DIETARY DEFICIENCIES AND DISEASES

It is estimated that one-third to one-half of the health problems experienced by the elderly are nutrition related. When the elderly consume less than the recommended number of servings from the different food groups, the risk is that one or more nutrients may be consumed in less than adequate amounts. For example, those who do not eat or drink dairy products are likely to consume too little calcium to meet their needs.

The most common dietary deficiencies that the elderly experience are related to low intake or utilization of iron, vitamins A and C, and calcium. Iron is found most abundantly in liver. Other good sources include beans, dried fruits, egg yolks, oysters, and enriched breads and cereals.

Vitamin A helps to resist respiratory infections and to ward off night blindness. Good sources of Vitamin A are liver, dark-green leafy vegetables and yellow fruits and vegetables.

Vitamin C or ascorbic acid helps to keep bones, teeth, and gums healthy. It also helps to resist infection and disease and increases the speed of healing wounds. Excellent sources of Vitamin C are citrus fruits.

Calcium requirements grow higher with age. Calcium is a major component of teeth and bones. Older bones are more brittle and calcium helps to strengthen them. Good sources of calcium are milk and milk products, green leafy vegetables and oranges. Doctors are finding more cases of **rickets**, a bone deficiency disease, among the elderly due to insufficient levels of calcium. **Osteoporosis**, a loss of bone, has long been associated with low levels of calcium.

Protein is needed for energy, bones, and tissues. Certain specific conditions result from an insufficient protein supply: greater susceptibility to infection, mild forms of anemia, slower healing of wounds and bones. Lack of protein, along with lack of calcium, can also lead to osteoporosis.

Behavioral and psychological changes can occur if the diet has been insufficient over a long period of time. Weakness, irritability, and erratic or irrational behavior are often caused by unsatisfactory levels of calcium, protein, or vitamins. These conditions should disappear once a balanced diet is followed for a good length of time.

Obesity is another problem that many elderly people face. If too many fat-rich, sweet foods are consumed, weight gain is inevitable. These foods contain few nutrients and often exceed the caloric needs of the elderly before fulfilling their nutrient requirements. The elderly should avoid rich sauces, gravies, fried foods, and sweets because they contain few nutrients, are high in calories, and are not efficiently digested by many older persons.

Failure to eat is another problem for some elderly. Some of the possible causes of this problem include: loss of teeth, ill-fitting dentures, expense of food, lack of transportation to and from supermarkets, little desire to prepare and eat meals, and loss of appetite.

## Points To Remember

- Nutrition may be more important in the later stages of life than any other stage due to aging body systems, chronic disorders, and increased use of medication.
- The diet of the elderly person must be nutrient dense.
- All foods can be categorized into five groups: milk and milk products, meat and legumes, fruit and vegetables, bread and cereal, and fats, sweets, and alcohol.
- A recommended number of servings is available for each food group.
- The five senses—sight, smell, taste, touch, and hearing—should be considered in using the Basic Food Groups to plan interesting, exciting, and enjoyable menus.
- Several factors influence the food intake and nutritional status of the elderly including physiological, psychological, and social changes.
- Degenerative changes become more rapid after the age of 60.
- It is estimated that one-third to one-half of the health problems experienced by the elderly are nutrition related.
- The most common dietary deficiencies that the elderly experience are related to low intake or utilization of iron, vitamins A and C, and calcium.
- Calcium requirements grow higher with age.

- Rickets and osteoporosis are just two diseases associated with low levels of calcium.
- Behavorial and psychological changes can occur if the diet has been insufficient over a long period of time.
- Obesity and failure to eat are two additional problems that the elderly may face.

## Words To Know

ascorbic acid
food groups
nutrient dense
osteoporosis
rickets
sensory variety

## Questions for Review

1. Name three reasons why nutrition is so important in the later stages of life.
2. Why should an elderly person's diet be nutrient dense?
3. Name three foods that would fit into each of the five food groups.
4. List the recommended number of servings and serving sizes for each food group.
5. Name five good sources of Vitamin C and Vitamin A.
6. Describe three physical factors that can influence one's food intake.
7. Describe a psychological and a social factor that can influence one's food intake.
8. What are the most common dietary deficiencies that the elderly experience?
9. Discuss the importance of considering the five senses when planning menus.
10. List reasons why some elderly may fail to eat.

# 15

# Menus and Diets for the Elderly

**COMPETENCY TO DEVELOP**

- Plan meals which meet the needs of the elderly.

**OBJECTIVES TO ACHIEVE**

- Point out factors to consider in planning meals for the elderly.
- Explain the use of cycle menus.
- Demonstrate an ability to use the menu planning form.
- Describe regular diets
- Describe the most commonly used modified and therapeutic diets.
- Relate food preparation and service techniques to retention of nutrients.

Good food is essential to good health at all ages. Generally speaking, the food needs of the elderly are the same as those of younger adults. The food tastes and eating habits of older people have been built up over decades. Some older people will eat too little and have to be coaxed to eat more; others will eat so much food they become obese and overweight. Depending upon the place of employment, the care provider will assume various duties in food service. In some situations, the care provider will assist with serving meals and between meal nourishment, preparing the elderly for mealtime, assisting those who need help in getting to the table, and preparing trays. In other situations, the care provider will be involved in shopping for groceries, preparing meals, following instructions for special diets, cleaning up after meals, and perhaps situations feeding the elderly person.

## MENU PLANNING

The care provider may be totally responsible for planning and preparing meals or have little or no responsibility depending on the setting in which the care provider is working. Well-planned meals should look attractive, taste good, provide the necessary nutritional requirements, satisfy the tastes and needs of the individual, and be within the budget. The care provider who has the responsibility of planning meals will find that the following steps for menu planning will make the job easier:

1. Set aside a definite time to plan and write menus.
2. Have a quiet place to work. The job will be harder and take longer if there are frequent interruptions.
3. Have a handy list of the food in pantry and refrigerator, a listing of the foods featured in grocery ads, and a recipe book.
4. Review menus of previous week to avoid repetition of methods of preparation and combinations of foods used.
5. Check carefully that all servings recommended for the Basic Food Groups are included daily.
6. Check to see if each meal offers sensory variety (flavor, temperature, texture).
7. Know the budget available to work with.

## PLANNING CYCLE MENUS

Planning **cycle menus** may be one of the normal duties of the care provider, in a private home situation. The care provider will need to understand how a cycle menu operates and why it is used.

Cycle menus are a set of carefully planned menus that often cover a period of one to four weeks. When the period is completed, the cycle is repeated again. Since different foods are available in each season, a different set of cycle menus may be developed for winter, spring, summer and fall. Once they are made up, they can be used over and over with minor changes. Cycle menus improve buying of food, provide better use of the care provider's time, help to make food preparation easier, and save money.

Cycle menus do not mean an end to menu planning. Before using each menu of the cycle, the menu should be looked over to see if any changes are needed. Sometimes a food selected for a certain day may not be available, and a substitution will need to be made. As the menus are used, a record should be kept of how well they are liked, the recipes, the amounts of food prepared and leftover, and other useful information. This information aids in improving menus in other cycles.

The first step in developing cycle menus is to decide on the length of the cycle. It must not be so short that the menus are repeated too often and become monotonous. A cycle of one week is usually the shortest period of time. Four or five weeks may be better. The same steps are used in planning cycle menus as in planning any menu. Cycle menus for modified diets may be developed to go along with regular menus.

# USING THE MENU PLANNING FORM

**Menu planning** is a process that consists of determining which food items are to be served and when they are to be served. The menu planning form is a helpful tool for meal planning. The form lists each meal and the types of foods needed to be included in the daily diet. A sample planning form is below.

Cycle Menu Planning Form

| Day of the Week | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| BREAKFAST<br>Fruit of juice<br>Cereal and/or eggs<br>Toast or other bread<br>Beverage | | | | | | | |
| DINNER OR MAIN MEAL<br>Meat, any type<br>Potato or substitute<br>Vegetable<br>Salad or relishes<br>Bread<br>Dessert or fruit<br>Milk or other beverage | | | | | | | |
| LUNCH OR SUPPER<br>Soup or juice<br>Main dish-eggs, cheese, fish, etc.<br>Vegetable (raw or cooked)<br>Bread<br>Dessert or fruit<br>Milk or other beverage | | | | | | | |

With the Basic Food Groups, the Sensory Variety Guide, and the menu planning form, the care provider can take the first step toward meal planning. Special care in menu planning takes little time or money, but adds to the enjoyment of meals. For example, holidays offer opportunities to add interest to meals. Some holidays for the care provider to remember are Valentine's Day, Washington's Birthday, St. Patrick's Day, Easter, Independence Day, Halloween, Thanksgiving, Christmas and Hanukkah and New Years. A birthday cake on the person's birthday would be thoughtful.

## DIETS

The planning of the elderly person's "special" diet is not one of the usual duties of the care provider but rather is the responsibility of a dietician or medical doctor. However, the care provider should have a thorough understanding of the various diets which are prescribed for the elderly. The care provider should be aware of the extreme importance of following prescribed diets. If the elderly are given food which is not on their diets, a very serious health problem could develop. Meal trays should always be checked and food that does not belong on the diet should be removed before serving the older person. The diet orders should always be checked before adding anything to the tray—salt, pepper, sugar, additional foods—even if the elderly person assures the care provider that the wanted item is on the diet. When not sure about an item, the care provider should check with the person in charge.

### GENERAL DIETS

The general or regular diet is based on normal adequate diet and includes foods in the recommended amounts from the Basic Food Groups. Most people are on a regular diet. An elderly person may be placed on a special diet for a short time due to special conditions, such as recent surgery. Having a choice about the food one eats is very important. Food is more likely to be eaten if the person is able to choose it. Any diet is successful only if the food is eaten.

## MODIFIED AND THERAPEUTIC DIETS

A **therapeutic diet** is used to improve a person's health. When a doctor feels that certain changes should be made in a person's diet, the doctor gives orders in exactly the same way that medicines or any other treatment would be ordered. Therefore, emphasis should be placed on allowed foods, rather then on a long list of foods to avoid. An elderly person will accept a therapeutic diet more readily if aware that the diet is an important part of the doctor's treatment. Some of the more commonly used modified and therapeutic diets include:

1. **Liquid Diet.** Prescribed for the very ill person, or the person who has a hard time chewing or swallowing. Because liquids leave the digestive system quickly, they are less irritating than solid foods. Persons on a liquid diet should receive six or more feedings during the hours they are awake. The liquid diet may be one of two types:

    a. **Clear-liquid,** which includes flavored liquids with no solid particles. the liquid diet is used when a person cannot take food. The liquid supplies very few nutrients, but does give the body necessary fluids. A clear-liquid diet is usually given for one or two days. (Examples: gelatin, broths, tea, some carbonated beverages, apple juice.)

    b. **Full-liquid**, which usually follows the clear-liquid diet as the person improves. The properly planned full-liquid diet meets all the nutritional needs of a person. Therefore, if necessary a person can stay on this diet for a longer length of time. Cream may be added to milk to increase caloric value and to reduce hunger pangs. (Examples: milk, eggnog, citrus and other juices, broth, coffee, tea, carbonated beverages, gelatin, sherbet (no pulp), cereal, gruel, strained vegetable juices.)

2. **Soft Diet**. This diet generally follows the full-liquid diet and leads to the general or regular diet. The soft diet may be used for someone with a serious infection, someone recovering from surgery, or one who is too weak to make an effort to chew. The soft diet contains all the nutrients and consists of soft-textured foods which are easily digested. Examples of soft textured foods include milk, soft cooked eggs (not fried), tender or chopped meats (not fried or or highly seasoned), potatoes and selected cooked vegetables, some cereals (no hot breads). Raw fruits and vegetables are not permitted, and tough meats should be avoided. Coffee and tea are usually limited.

3. **Bland Diet**. The diet is sometimes given after full-liquid diets or for persons with internal problems. The diet consists of foods with flavors not especially sweet, sour, sharp, bitter, or strong. Examples of bland foods are applesauce, ripe bananas, creamed soups, vanilla ice cream, sugar cookies, cooked pears, cottage cheese, plain gelatins, plain cake, plain custards and puddings, milk, macaroni, potatoes, soft eggs, rice, bread, and cereal products such as farina and cream of wheat. Foods with coarse fibers should be omitted such as onions, dried beans, cabbage,

and cauliflower. Coffee and tea should be limited or omitted because of the stimulating effects of caffeine.

4. **Diabetic Diet**. In diabetes, the body is unable to use carbohydrates properly. Some mild cases of diabetes in older persons can be controlled by diet, and no medications are necessary.

A diet for a person with diabetes should not be thought of as a "special diet," but rather as a modification of a normal diet. With the exception of carbohydrates, the person with diabetes requires the same nutrients as a person on a general diet.

It is the responsibility of the elderly person's doctor to prescribe the exact amounts of protein, fat, and carbohydrate in each diet for the diabetic. It is up to the person in charge, or in some situations the care provider to see that these orders are carefully followed. Diets used to control diabetes are planned to be nutritionally adequate for the person. With the diabetic diet, an exchange list is used to limit amounts and types of certain foods. Also, foods are measured with standard equipment to control amounts of certain foods. Use of the exchange list makes it easier to provide a diet as near a normal diet as possible.

The **exchange list** divides foods into six food groups. The amounts of foods in each group have similar food values, making it possible for one food to be substituted for another food in the same group. The purpose of the exchange lists is to provide variety and satisfying foods in the diet. This list is also used in weight reduction diets and for diets of some clients with heart trouble. An example of an exchange for 1 slice of bread is 1/2 cup cooked cereal or 1/2 cup mashed potato.

5. **Calorie-Restricted Diet**. These diets are usually for losing weight. Although the calorie content is limited, the diets are nutritionally adequate. The exchange list system is often used when planning diets for weight reduction. Fad diets often recommend only a few items and may provide weight loss, but are nutritionally inadequate. Any reducing should be done under the direction of a doctor. Skipping meals is no aid in calorie-restricted diets because it only makes the individual more eager to eat the next meal; therefore, one eats more.

6. **Controlled-calorie Diets**. These diets are used to maintain weight without gaining or losing. When the desired amount of weight has been lost, calorie intake must be adjusted to maintain the loss. This makes it necessary for the individual to relearn eating habits in order to keep the weight off. The exchange lists are used in the controlled-calorie diet.

7. **Fat-restricted Diets**. These diets are used for persons with liver, gall bladder, and certain heart diseases. Although nutritionally adequate, this diet may be low in calories due to limiting fat. They may be supplemented by additional amounts of protein and carbohydrate when advisable. The elderly person should be made to understand the importance of diet and that failure to follow the diet may cause one's illness to return, or that it may take longer to recover.

8. **Sodium (salt)-Restricted Diet**. Generally, these diets are used when there is swelling related to heart conditions or toxemia. The diet is planned to be nutritionally adequate, with the limited amounts of salt. Foods which should be avoided include: bacon, ham, corned beef, olives, sauerkraut, sausage, potato chips, salty crackers, pretzels, saltwater fish, and shellfish.

A person on a low-sodium diet may have little appetite for meals, especially when the diet is severely restricted in salt. Therefore, the person's foods should be made as attractive and tasty as possible. This can be done by planning meals which provide a variety of colors, textures, and flavors. Sometimes raw vegetables and fruits are accepted better than cooked vegetables. One trick to increase the apparent saltiness of foods is to sprinkle it with a small amount of lemon juice. (Salt and sour tastes are closely related.)

## RETENTION OF NUTRIENTS

The body needs nutrients because they nourish the body. Nutrients are chemical substances found in food. Each nutrient has a specific use in the body, but no nutrient can function independently. The nutrients needed by the body include proteins, carbohydrates, fats, vitamins, and minerals.

No single food contains all the nutrients needed for life. Eating a wide variety of foods every day is important to ensure that the body gets all of the nutrients it needs to function efficiently.

The body also needs water although water is not a nutrient. The average person needs six to eight glasses of water each day. Water makes up most of our blood, which carries nutrients to the cells of the body. Water aids digestion and absorption of food, regulates body temperature, lubricates moving parts of the body, and aids in the elimination of body wastes.

When working in assistance services for the elderly, especially in home care situations, the care provider may be responsible for preparing food for the elderly. When preparing food for the elderly, the care provider will find the following guidelines for the retention of nutrients helpful.

**Protein** (amino acids). Protein's ease of digestion is affected by cooking. Protein coagulates or hardens when cooked. Cooking a protein food a long time with dry heat or with high heat hardens the protein. Protein foods should be cooked at a low heat until just done. This makes them easier to digest.

**Carbohydrates** (Sugar, Starch, and Cellulose). In cooking, sugars dissolve in water. Starches mix with water and thicken when cooked. Save the water used to cook fruits and vegetables for use in soups, sauces, and gravies to prevent the loss of carbohydrates dissolved in the cooking water.

**Fat** (Saturated, Unsaturated, or Polyunsaturated, and Cholesterol). Cooking has little effect on the nutritive value of fat except at very high temperatures. Fat which is allowed to smoke at high temperatures may give food a disagreeable taste and make it more difficult to digest.

**Fat-soluble vitamins** (Vitamins A, D, E and K). Fat-soluble vitamins are not easily lost in cooking. They neither dissolve in cooking water nor are destroyed by heat.

**Water-soluble vitamins** (Vitamin C and those vitamins included in the vitamin B complex-thiamine, niacin, and riboflavin). Water-soluble vitamins are easily lost during the storage and preparation of food. Store vitamin C foods in a cool, dark place in a covered container. Prepare, cook and serve food as quickly as possible. Soaking fruits and vegetables in water allows water-soluble vitamins to be lost. Instead, fruits and vegetables should be washed with a cold water spray before cutting or chopping. To minimize vitamin loss during cooking, cook fruits and vegetables in large pieces in as little water as possible. Cook fruits and vegetables only until done. Save the cooking water for use in soups, sauces, and gravies. Avoid adding soda to green vegetables when cooking because it will destroy water-soluble vitamins.

**Minerals** (Minerals: Calcium, phosphorus, sodium, chloride, potassium, and magnesium; Trace minerals: iron, iodine, fluorine, zinc, copper, sulfur, manganese, chromium, and molybdenum.) Minerals are soluble in water. They can easily be lost in cooking. To prevent mineral loss, do not soak vegetables during preparation. Cook vegetables in only a small amount of water. Save the cooking water to use in soups, sauces, and gravies.

## Points To Remember

- Well-planned meals should look attractive, taste good, provide necessary nutritional requirements, satisfy needs and tastes, and be within one's budget.
- Cycle menus are a set of carefully planned menus that often cover a period of one to four weeks.
- Cycle menus improve buying of food, provide better use of the care provider's time, help to make food preparation easier, and save money.
- The menu planning form lists each meal and the types of foods needed to be included in the daily diet.
- Planning "special diets" is the responsibility of the dietitian or medical doctor.
- Most elderly people are on regular diets.
- Any diet is successful only if the food is eaten.
- An elderly person may be placed on a "special" diet for a short period due to special conditions, such as recent surgery.
- A therapeutic diet is used to improve a person's health.

- Some of the more commonly used therapeutic diets are the liquid diet, soft diet, bland diet, diabetic diet, calorie-restricted diet, controlled-calorie diet, fat-restricted diet, and sodium-restricted diet.
- The nutrients needed by the body include proteins, carbohydrates, fats, vitamins, and minerals.

## Words To Know

bland diet
calorie-restricted diet
clear liquid diet
controlled-calorie diet
cycle menus
diabetic diet
exchange list
fat-restricted diet
full-liquid diet
liquid diet
menu planning
sodium-restricted diet
soft diet
therapeutic diet

## Questions for Review

1. What are four requirements of a well-planned meal?
2. What is a cycle menu?
3. What are the advantages of cycle menus?
4. What is the menu planning form?
5. Who has the responsibility of planning a "special diet"?
6. What is the difference between a general or regular diet and a therapeutic diet?
7. Name three therapeutic diets that are commonly used with the elderly.
8. How is an exchange list used to control the amounts of certain foods?
9. What is a sodium-restricted diet?
10. Name the two types of liquid diets and explain the difference in the two.
11. Name the nutrients needed by the body.
12. Why is the retention of nutrients important in cooking?

# 16

# Mealtimes for the Elderly

**COMPETENCY TO DEVELOP**

- Analyze ways to help the elderly person enjoy mealtimes.

**OBJECTIVES TO ACHIEVE**

- Demonstrate an ability to assist with dining room service.
- Demonstrate an ability to assist with tray service in the person's room.
- Demonstrate an ability to present the tray.
- Demonstrate an ability to remove the tray.
- Describe the techniques for serving extra nourishment.
- Identify the steps to use when assisting in feeding the elderly.
- Describe eating aids which are available to the elderly.

Eating should be an enjoyable experience for the older person. Most elderly people look forward to mealtime. It gives them a chance to anticipate something and to socialize. Some of the elderly will eat their meals in the dining room, others may be served in their rooms, either in a chair or in bed, yet others may eat in their own homes in front of a television or at the dining table.

In some cases, the care provider may need to assist the elderly person with eating due to physical problems or limitations. The care provider should only feed the elderly person if instructed to do so by the doctor or person in charge. It is important for the care provider to encourage elderly persons to do as much for themselves as possible.

## DINING ROOM SERVICE

The care provider should assist elderly persons if they need help to the table. Some persons will walk to the table while others may be in wheelchairs or walkers.

If the person needs support, the care provider should walk arm-in-arm with the elderly person, placing a hand on top of the person's hand. If the elderly person stumbles or starts to fall the care provider can quickly change hands and the near hand can encircle the waist of the person to broaden the brace of support.

The care provider should check that each person has everything needed—silverware, napkin, straw or drinking tube, etc. The care provider should also check that napkins are in place, either in the lap or tucked in at the neck. It is important to learn the eating habits of the elderly persons. Some individuals will need encouragement to eat; others will want second servings. The care provider should never rush or hurry the elderly person to eat. If food or drink is spilled during the meal, the care provider should wipe it up immediately drawing as little attention as possible to the accident. The care provider should check that everyone has been served. The care provider can offer assistance to individuals who need help buttering bread, cutting meat, pouring drinks, etc. It is important to encourage elderly persons to do as much for themselves as possible.

When the person has finished eating, the care provider can look to see what has been eaten. If very little was eaten, the care provider should report it to the person in charge.

The care provider should assist elderly persons needing help away from the table. The hands and face of some of the elderly may need to be washed after the meal. Elderly people should never be left in the dining room after a meal. The care provider may also have the responsibility of making sure the dining room is clean and neat after the dishes are removed.

## TRAY SERVICE IN THE PERSON'S ROOM

The care provider should help the person get ready before trays arrive so the food can be eaten warm. To assist with tray service in the room the care provider can assist the person to the bathroom or offer the bedpan or urinal. The care provider may need to assist elderly persons in washing their hands or let them wash their own hands. If the person can get out of bed, it may be the task of the care provider to assist the person into a chair or wheelchair. To assist the elderly person to a wheelchair or a straight chair with arms, the care provider should place the wheelchair or chair, facing the foot of the bed, at a 45 degree angle to the bed. The care provider should raise the footrests and set the brakes of the wheelchair and lower the person's bed if it is not already low. The care provider can help individuals sit up with their legs over the side of the bed. The care provider should check that the person's feet are on the floor or foot rest. After letting the elderly person rest a few minutes, the care provider can help with putting on a robe and slippers, if needed. To help the person stand, the care provider should place arms under the person's arms and put hands on the person's back. When the person is standing, the care provider can have the person turn directly in front of the wheelchair or chair. The person should put an arm on the wheelchair or chair arms, and the care provider can guide the person gently into the chair or wheelchair, checking that the person's hips are all the way back in the seat.

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In some situations, the care provider will need to raise the head of the bed if the person is confined to bed. Before moving the bed, the care provider should check with the person in charge to make sure it is permitted and that the elderly person can tolerate it. The care provider should also check that the **signal cord** is in reach of the person. A napkin or bib should be placed on the person.

### PRESENTING THE TRAY

Care providers should wash their hands before presenting a tray. The tray card should be checked to make certain the tray is going to the right person. Some elderly persons will want to have assistance with cutting meat, buttering bread, pouring coffee or tea, etc. The elderly should be encouraged to do as much as they can during the meal. After all of the elderly persons have received trays, the care provider should check back at intervals to see if anything is needed. The care provider, through friendly, cheerful conversation can encourage a reluctant or slow eater, but the care provider should never rush or hurry the person.

### REMOVING THE TRAY

When the person has finished eating, the care provider should take the tray. Before removing the tray, the care provider should take notice of what the person has eaten. When an elderly person eats very little, the care provider should report it to the person in charge. After removing the tray, the care provider should determine if the person needs to be assisted with washing hands and face. The person should be made comfortable—the head of the bed may need to be put down, or the person may need assistance in moving from the chair or wheelchair to the bed. To help a person move from the chair or wheelchair to the bed, the care provider should apply the brakes or footrests on the chair, then have the elderly person place both hands on the armrests of the chair or wheelchair, slide forward on the seat, and put both feet flat on the floor. The care provider can assist the person in standing up and sitting on the edge of the bed and in removing the shoes, slippers, or robes. The care provider should see that the person is comfortable and should check that the signal cord is within the person's reach before leaving the room.

## FEEDING THE ELDERLY PERSON

In some situations, the care provider will need to feed the elderly person, especially in a private home. The care provider should make individuals comfortable and encourage them to do as much as possible. The care provider can prepare the person for mealtime by washing hands, setting the person up in a chair or wheelchair, or by elevating the head of the bed. Some elderly persons may prefer to eat in the dining room even though they will need to be fed.

To feed the elderly person, care providers should wash their hands, place the tray on the over-the-bed table, or table in the dining room. The care provider should sit beside the person and arrange the napkin. The care provider should make sure the food is not too hot and should feed the person slowly, never filling the fork or spoon more than half full. A spoon is often the easiest to use. The care provider should always make sure that the person chews and swallows the food before giving the person more food. When the person has finished eating, the care provider should wipe the person's mouth, wash the hands and face if needed, check that the person is comfortable, put the head of the bed down if the person desires it, and check that the signal cord is in reach of the person.

When feeding a person with impaired vision, the tray should always be arranged in the same way — for example, the drink in the upper right hand corner, salt and pepper on the left side of the drink, etc. It is helpful if the food on the dinner plate is arranged like the face of a clock — for example, the meat at 6 o'clock, the potatoes at 12 o'clock and the green beans at 3 o'clock. When feeding a person with impaired vision, the care provider should always tell individuals what they are being given to eat.

## SERVING EXTRA NOURISHMENT

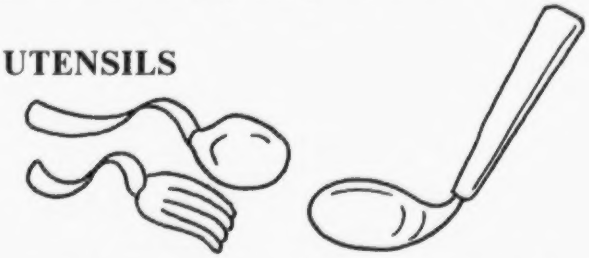
The care provider may be requested to serve special **nourishment** between meals to specific elderly persons. The extra nourishment is given to persons with special medical conditions and to those with decreased appetites. Fruit juice, eggnogs, and other fluids, ice cream, jello, and milk are often served as extra nourishment. After finding out who is to receive the extra nourishment, care providers should wash their hands, get a tray or cart, and get the nourishment to be served. It is important to check that the right nourishment is served to the right person. The care provider should assist elderly persons needing help with eating or drinking the extra nourishment. The care provider should also collect the dishes and utensils when the elderly person has finished.

## SELF-HELP AIDS FOR EATING

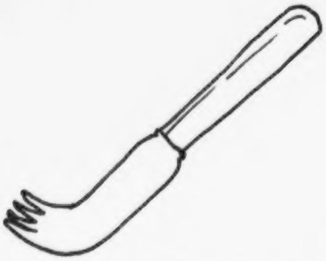
As discussed in earlier chapters, the more the elderly can do for themselves the greater their self-confidence. Being able to feed oneself is extremely important in boosting one's personal morale. It is often difficult for the elderly to have to depend on the care provider for feeding.

There are several **self-help aids** for eating which can be purchased or made at home that can eliminate overdependence on the care provider. Some of these self-help eating aids include:

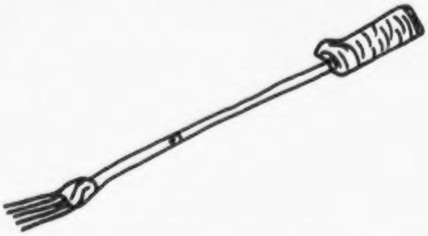
### EATING UTENSILS



Forks and spoons come in several different shapes and sizes which facilitate reaching the mouth. Bent utensils are useful for individuals with a limited range of motion. They are available in right or left hand styles.

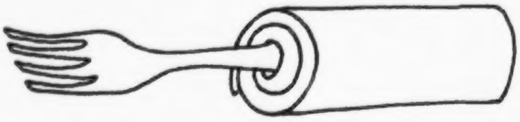


A combined knife and fork is helpful for those who are one-handed.



Long-handled utensils aid those with limited movement of arms and shoulders. The length and angle of the utensil are easily adjusted by tightening a set screw. The built-up handle makes griping easier.

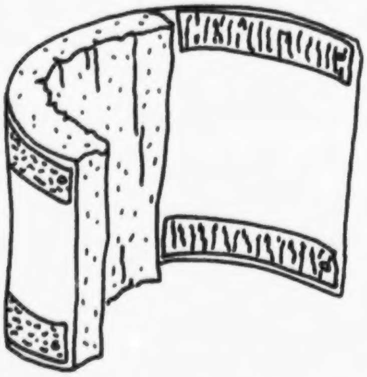
## HANDLE PADDING



**Purpose:**

To enlarge the handle when limited range, weakness or pain makes gripping difficult or uncomfortable. Padding may be attached to eating or cooking utensils, tools, crutches, canes, or any other type of handle.

**A. Detachable Type**



This type may be transferred from one object to another, or may be removed for washing utensil. When firm padding is needed, this type may be difficult to attach snugly if hand is weak.

**Materials:** (size may be altered to suit need)

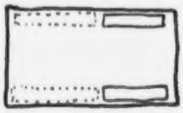
4″ x 4″ of 1/2″ foam rubber

4″ x 7″ of leatherette, vinyl or other easily cleaned materials

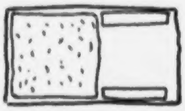
2 pieces of velcro, 3″ long, (hook and pile)

**Construction:**

1.



2.



1. Rivet or sew velcro onto leatherette, so that hook is on inside and pile is on outside.

2. Glue foam rubber onto inside of leatherette.

**Application:**

Place utensil at edge of foam rubber and roll padding around it tightly.

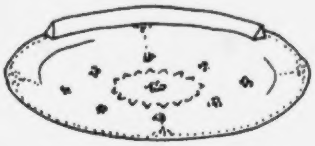
**B. Other Types**

1. Foam rubber wrapped around handle and covered with adhesive tape makes a quick, comfortable enlarged handle. Fresh tape may be put on when original is soiled.

2. Wood dowel, bicycle handle grips, or a rubber hose are other possibilities.

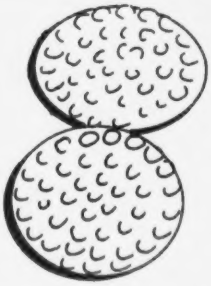
## DINNERWARE

Food Guards or Plate Guards



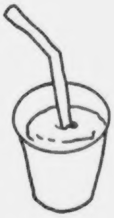
Food guards or plate guards are especially useful for persons who are one-handed. The guards are made of plastic and stainless steel. The guard is attached to the edge of the plate to help prevent spills. Most varieties will clip onto any size plate.

Suction Holders



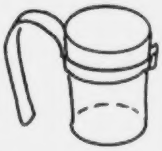
Suction holders have tiny suction cups on both sides of a rubber pad. This double gripping feature will secure bowls, plates, and other items to flat surfaces.

Glassware



For those with limited hand and arm movement, lifting a cup to the mouth can be difficult or even impossible. Drinking through a straw may be the only way for these persons to consume liquids. Individuals with a weak grasp or poor motor control will find glasses with large handles helpful because they can be held more securely.

Glass Holder



A glass holder can be adjusted to hold any size glass and provides a strong, firm handle.

## Points To Remember

- Mealtimes should be an enjoyable experience for the older person.
- Mealtimes give elderly persons a chance to look forward to something and to socialize.
- The care provider may assist elderly persons needing help to the table.
- The care provider should check that napkins are in place, either in lap or tucked in at the neck.
- The care provider should never rush or hurry the elderly person to eat.
- The care provider can offer assistance to individuals who need help buttering bread, cutting meat, pouring drinks, etc.
- When eating, elderly persons should be encouraged to do as much as possible.
- When the elderly person eats very little, the care provider should report it to the person in charge.
- The care provider may assist with tray service in the person's room.
- Whether individuals are eating in bed, a wheelchair or a chair in their room, the signal cord should always be in reach of the person.
- Before presenting a tray, the tray should always be checked to make certain the tray is going to the right person.

- When removing the tray and before leaving the room, the care provider should see that the person is comfortable and should also check the location of the signal cord.
- When feeding an elderly person the care provider should make sure the food is not too hot, feed the person slowly, never fill the fork or spoon more than half full, and make sure that the person chews and swallows the food before giving more.
- When feeding a person with impaired vision, the tray should always be arranged in the same way. It is most helpful when the food on the dinner plate is arranged like the face of a clock; for example, meat at 6 o'clock, potatoes at 12 o'clock, and green beans at 3 o'clock.
- The care provider should always tell individuals with impaired vision what they are being given to eat.
- Extra nourishment between meals is given to persons with special medical conditions and to those with decreased appetites.
- There are self-help aids for eating which allow the elderly to do for themselves, boost the person's morale, and eliminate overdependence on the care provider.

## Words To Know

nourishment
self-help aids
signal cord

## Questions for Review

1. Why should eating be an enjoyable experience for the older person?
2. When should the care provider feed the elderly person?
3. Explain how to assist a person who needs help in walking.
4. List the ways a care provider can assist the elderly with dining room service.
5. List the ways a care provider can assist with tray service in the person's room.
6. Describe the procedure used when presenting a tray to an elderly person.
7. Describe the procedure used when removing a tray after the person has finished eating.
8. Explain the procedures to observe when feeding an elderly person.
9. Why is a special nourishment between meals served to specific elderly persons?
10. List some self-help eating aids which elderly persons can use when eating.

# 17

# Exercise for the Elderly

**COMPETENCY TO DEVELOP**

- Determine how to meet the elderly's need for exercise and physical fitness.

**OBJECTIVES TO ACHIEVE**

- Explain the importance of meeting the exercise needs of the elderly.
- Identify ways to meet the exercise needs of the elderly.
- Point out ways the elder care provider can help to meet the exercise needs of the elderly.

Whether employed in a private home or an elder care facility, the elder care provider will be working in a situation where there is a problem that requires someone who can help. Therefore, for whatever reason, the elderly person's quality of life is not as high as it might be. If the problem is a result of an elderly person going from a very active life to a very inactive one, an elder care provider can encourage the elderly person to participate in a regular fitness program approved by the person's doctor.

Some form of regular **exercise** is particularly important for the elderly because of their special needs for continued mobility. Joints tend to become stiff and limited in the range of movement unless they are fully used. **Neuromuscular** coordination deteriorates with age and there is a loss of muscle strength, which can affect balance and posture and precipitate accidents. Muscle power, tendon strength and **cardiovascular** reserves can be restored and maintained with physical activity. The elderly person should be discouraged from sitting in an armchair and watching television all day. The activity need not involve strenuous effort or vigorous exercise. All it takes is a daily pattern of mild to moderate exercise. Such a regular effort pays off amply not only with a sense of well-being for the elderly person, but also by building up a reserve of strength to call upon if the need arises. Such physical reserve in an older person can be critical. It may determine whether one becomes confined to bed or bounces back after a fracture, an operation or a bout of the flu.

For people who are reasonably fit, walking up and down the stairs is an excellent way to keep the body conditioned. A brisk walk is an ideal and enjoyable way of keeping fit. By walking a planned route every day, the elderly person will probably be able to increase gradually the distance they cover. As the elderly person walks, they should swing their arms fully and put a bounce in their step to improve the muscle tone of their legs. The added movement of the arms makes it by far the best exercise for the elderly.

## NEED FOR EXERCISE

**Physical fitness** is an important factor in getting and keeping good health. Living tissue that is not exercised and used, breaks down and wastes away. So the object of physical fitness is to keep the tissues and organs of the human body healthy and working well.

Thus, physical fitness is especially important for older persons who have reached the age when the natural aging process of the body increases. Maintaining physical fitness can help slow down the processes associated with old age. Thus the aged will look and feel well and be able to carry out daily duties and activities successfully. They will have increased strength and energy as well as physical reserves to meet unusual demands and emergencies.

The following benefits can result from programs of moderate, but regular exercise:.

1. The strength developed through regular exercise enables an individual to perform daily tasks with ease.

2. The ease of movement achieved through regular exercise minimizes the effort required to perform routine tasks.

3. Poise and grace come with ease of movement. They help an individual to feel comfortable and to look, feel, and work better.

4. Various organs and systems of the body, particularly the digestive process, are stimulated through activity. As a result, they work better.

Posture can be improved through proper exercise by increasing muscle tone. This not only improves appearance but can also decrease lower back pain and disability.

1. Physically active people are less likely to experience a heart attack or other forms of circulatory disease than inactive people. Moreover, an active person who does suffer a heart attack is likely to have a less severe one and more likely to survive and recover. Exercise improves circulation.

2. Controlling weight is often a matter of balancing calorie intake with exercise. Inactivity can be as bad as overeating in causing weight problems.

3. Since physical activity can help an individual control weight, it can also aid in the prevention of certain diseases. Diseases of the heart and blood vessels, as well as diabetes and arthritis, strike the overweight more often and more seriously than they strike people who are fit and trim.

4. While exercise cannot prevent stress, it can help persons cope better. For many individuals, frequent involvement in some sort of physical activity helps reduce mental fatigue, tension, strain, or simple boredom. At the same time, proper exercise is enjoyable, providing relief from tension and serving as a safe and natural tranquilizer.

## MEETING THE RECREATIONAL NEEDS OF THE ELDERLY

With doctor's approval, the care provider, can assist the elderly person with exercise. Remember the elderly person should start out slowly when they begin an **exercise program** and build up their strength gradually. The exercise program should include these three basic parts:

1. **warm-up**—gets the body ready to exercise and makes muscles more flexible (5-10 minutes).

2. **exercise**—pushes the body toward its target heart heart rate zone (20-30 minutes).

3. **cool-down**—allows the body to return to normal following vigorous exercise.

Brief periods of mild **calisthenics** are a good way for the elderly person to begin an exercise program. Useful exercises that depend upon physical stamina include trying to touch one's toes; moving arms forward, up and then out; putting hands on waist and bending or squatting down and stretching. Lying flat on the floor and trying to pull oneself up is another good exercise for strengthing the stomach muscles.

## REGULAR EXERCISES

The elderly person should set aside 30 minutes to an hour a day for a planned program of physical activity. The exercise time should be considered just as important as eating a proper diet or keeping clean. The care provider can help the elderly person keep a record of the exercises performed and how many times they are repeated. One way of adding to the fun of the exercise program is to play music while the elderly person is exercising. The care provider can select favorite tunes of the elderly person or can find music that fits the tempo of the various movements. This is particularly interesting when walking indoors. Some people will enjoy exercising while watching television. The elderly person might be interested in exercising with family or friends in each other's homes or at a local center or club.

When exercising, comfortable clothing should be worn. The elderly person should avoid tight-fitting, restrictive clothes. Shorts or slacks, T-shirts or short-sleeved blouses or shirts are usually desirable. Well-fitting shoes with non-slip soles and low (or no) heels should be worn for exercising.

There can be alternatives to a daily exercise schedule. If the elderly person can enroll in a keep-fit program at a school or the local recreation center, they can skip their home-exercise routine on those meeting days.

If the elderly person is able to take part in a sport appropriate for their physical condition he or she should do so. Other active forms of recreation should be worked into the daily life of the elderly person whenever possible. Such activities as gardening, fishing, archery, horseshoes, Ping-Pong, shuffleboard, a family outing, an evening of social or square dancing are not only fun, but will help to keep the elderly person vigorous. Age need not be a barrier to participation. These activities should be added to—not substituted for—the daily exercise.

To the daily exercise schedule and the supplementary, the elderly person should add a little more action. Gradually, day by day, the elderly person should find ways to move "more" rather than less. Keeping this in mind, the care provider might suggest the elderly person walk to the neighborhood store instead of driving (or being driven); walk down a flight of stairs instead of taking the elevator; and walk up the stairs when back in shape.

In today's sedentary world, particularly the older person's world, care providers need to look for opportunities to help the elderly person move their body. It is good for the elderly person to always have some active project underway, like putting in a new flower bed, cutting wood, building a fence, painting a room, mowing the lawn, and a thousand other jobs and interests that keep the elderly person busy and youthful.

## EXERCISE PROBLEMS DUE TO FOOT CONDITIONS FOR LEG PAINS

Problems with the feet, legs, and knee and hip joints are fairly common with the elderly. Any problem of the lower extremities, whether bunions, arthritic knees, or varicose veins may interfere with proper performance of many exercises, particularly walking and jogging. The care provider can check that the elderly person has made sure they have done all they can to obtain needed medical treatment for the problem and then they can substitute the following activities for walking and jogging:

1. Swimming and water exercises.

2. "Bicycling" movement should be done while lying on the floor with hips and legs in the air supported by the arms and elbows. One should not try this if there will be difficulty supporting the weight.

3. Riding a bicycle (in a safe area).

4. Pedaling a stationary bike.

5. Playing golf (using a golf cart).

6. Exercise on wall pulley-weights or rowing machine.
7. Passing a medicine ball with a partner while standing or seated or bouncing the ball off a wall in continuous rhythmic movement.

The American Heart Association has said that regular exercise not only improves blood circulation and reduces the risk of heart attacks, but also helps people handle stress better, to relax and sleep better, and along with proper diet, can help control weight. Better fitness not only improves the person's chances of survival, but what is equally important, enhances the quality of life.

## SPORTS

Elderly persons who have enjoyed sports, and whose health and stamina allow participation, might want to continue the physical activities. Sports are not only enjoyable and good for some elderly persons but also contribute to their fun and fitness. The International Committee on the Standardization of Physical Fitness Association recommends the following activities for mature adults 50 years and over: archery, badminton, bowling, putting, golf, curling, table tennis, deck tennis, shuffleboard, volleyball, horeshoes, croquet, darts, billards, tennis, swimming, boating, sailing, trail walking, gardening, bicycling, skating, dancing, shooting, fishing, and horseback riding. The committee also recommends the following specific fitness programs:.

| NEED | ACTIVITIES |
|---|---|
| Physical fitness and work capacity | Walking and fishing |
| General health | Swimming |
| Appearance | Walking and volleyball |
| Physical Recreation | Tennis, swimming, fishing, and volleyball |

It is also recommended that after age 50, a person should avoid running or highly competitive sports unless it is with a doctor's approval. Swimming, bicycling, golf and other less strenuous sports can be entered into without medical supervision. Over age 60, the person can participate in the same sports as long as they don't run, jog, or even run in place—unless the person had started the activities early in life and has maintained them. The best kind of activity builds the person up to a steady level of exertion and involves as many muscles as possible. Many elderly persons will find bicycling, tennis, badminton, skating, swimming, brisk walking, or vigorous dancing enjoyable.

The best and easiest activity for most elderly persons is walking. Some doctors say that a five-mile walk is better for the health of anyone not already too ill to walk, than all the medicine and philosophy in the world. Elderly persons should always seek their doctor's advice about their fitness for a sport before starting it. The care provider can make certain the elderly person has checked with the doctor, and might assist with the selection of appropriate equipment and attire.

## Points To Remember

- Some form of regular exercise is particularly important for the elderly because of their special needs for continued mobility.
- Joints of the elderly tend to become stiff and limited in the range of movement unless they are fully used.
- Neuromuscular coordination deteriorates with age, and there is a loss of muscle strength, which can affect balance and posture and precipitate accidents.
- A daily pattern of mild to moderate exercise pays off with a sense of well-being for the elderly person.
- A brisk walk is an ideal and enjoyable way for the elderly to keep fit.
- Physical fitness is especially important for older persons who have reached the age when the natural aging process of the body increases.
- The strength developed through regular exercise enables an individual to perform daily tasks with ease.
- The ease of movement achieved through regular exercise minimizes the effort required to perform routine tasks.
- Poise and grace come with ease of movement.
- Various organs and systems of the body, particularly the digestive process, are stimulated through activity.
- Regular exercise improves blood circulation, reduces the risk of heart attacks, helps people handle stress better, aids relaxation and sleep, and along with proper diet, can help control weight.
- An exercise program should include three basic parts: warm-up, exercise, and cool-down.
- The elderly person should have the doctor's approval before starting an exercise program.
- Recommended activities for mature adults 50 years and over include: archery, badminton, bowling, putting, golf, curling, table tennis, deck tennis, shuffleboard, volleyball, horseshoes, croquet, darts, billards, tennis, swimming, boating, sailing, trail walking, gardening, bicycling, skating, dancing, shooting, fishing, and horseback riding.
- The best and easiest all-round activity for most elderly persons is walking.

## Words To Know

calisthenics
cardiovascular
cool-down
exercise
exercise program
neuromuscular
physical fitness
warm-up

## Questions for Review

1. Why is regular exercise important in meeting the recreational needs of the elderly?
2. What is considered the best and easiest exercise for the elderly?
3. What are the benefits for the elderly person of regular exercise?
4. What three basic routines should be included in an exercise program?
5. Why should an elderly person have the doctor's approval before starting an exercise program?
6. List five activities recommended for mature adults 50 years and over.
7. How is a person's posture affected by proper exercise?
8. How does exercise aid an individual in coping with stress?
9. How can the elder care provider help to meet the exercise needs of the elderly?

# 18

# Hobbies and Activities for the Elderly

**COMPETENCY TO DEVELOP**

- Determine how to meet the elderly's need for hobbies and activities.

**OBJECTIVES TO ACHIEVE**

- Explain the importance of having hobbies.
- Explain the importance of meeting the elderly's need for hobbies and activities.
- Identify hobbies and activities.
- Point out ways the care provider can assist the elderly with hobbies and activities.

Meaningful **hobbies** and activities enable the elderly person to live as fully and independently as they desire and their capability allows. Hobbies and activities are not just busy work or freedom from boredom for the elderly. They offer the elderly person an opportunity for self-awareness and dignity. They also provide the elderly with opportunities for growth—socially, mentally, physically, emotionally, intellectually and spiritually. When suggesting hobbies or activities for an elderly person, the care provider should keep in mind the time the project will take. Projects requiring more time and effort are often of more interest and value to many elderly persons than several short projects. Other elderly persons might prefer a number of short projects. Still other elderly persons may prefer activities with continuity that is something they can return to time after time.

When suggesting a hobby or other activity to an elderly person, the care provider should keep in mind the skills and interests of the individual, the costs of supplies, and if lessons or classes will be necessary. Depending upon the individual, the hobbies or activities suggested for the elderly person should allow for: adventure, companionship, creativity, learning, participation, recreation, recognition, relaxation, self-expression, and solitude.

## HOBBIES

Many elderly persons have had hobbies in younger days that become a consuming interest in their older years. The elderly person may have more time for hobbies, but often less energy and money to spend. Hobbies for the elderly need to be enjoyable, stimulating, not too strenuous, and affordable for a fixed or limited income. Much too often elderly persons become accustomed to passive ways of spending time such as watching television, and forget how to stimulate and amuse themselves. The elder care provider not only can encourage some elderly persons to renew past hobbies, but can influence others to develop new hobbies.

There are many hobbies and activities the care provider might suggest to the elderly person. A few of them include: collecting hobbies (coins, jewelry, photographs, stamps, bottles, dolls, buttons, recipes); crafts (ceramics, knitting, crocheting, photography, leather tooling, quilting, weaving, carving); and projects made from scrap materials (patchwork articles, braided rugs, wastebaskets, bird feeders, flowers, cannisters and wreaths). The care provider can find directions for project ideas in current magazines as well as resources in the library.

In some situations, the care provider can encourage the elderly person to participate in **domestic activities** such as cooking, flower arranging, gardening, and the care and raising of a pet. When suggesting a hobby or activity, the care provider must always keep in mind the needs and wants of the elderly person.

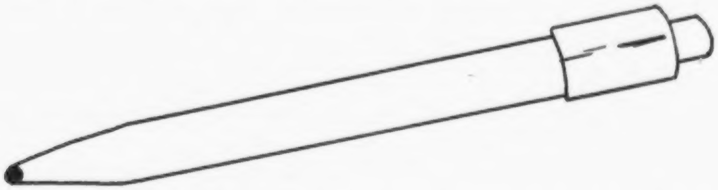
## ACTIVITIES

### GAMES

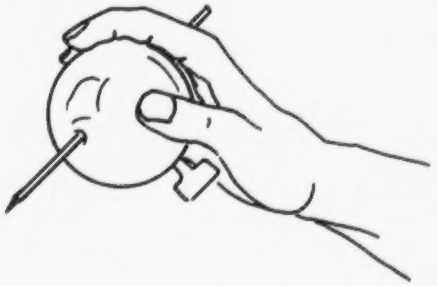
For the elderly person who likes to play games, there are many kinds available such as cards, dominoes, chess, checkers as well as games like Monopoly, Scrabble, cribbage, backgammon, etc. There are also active games such as shuffle board and Ping Pong. Jigsaw puzzles are a favorite activity for many of the elderly as well as the video games played on a television screen. Regardless of the game enjoyed by the elderly person, the care provider should see that equipment and needed items are readily accessible. The elderly person may ask the care provider to play some of the games with them. If the care provider does not know the rules, the elderly person may enjoy being able to explain the rules of a game they enjoy. When it is a new game, the care provider may help the elderly person in learning the rules. The care provider can encourage the elderly person to invite friends in to play the games. If the elderly person would like, the care provider could prepare and serve refreshments, provide prizes for the guests and arrange the room for the activity.

### WRITING

Often elderly persons find it's interesting to write down memories. They can record what happened during early childhood and what is remembered about parents, grandparents, or other relatives. Some elderly persons might be interested in putting the personal experiences in story form and some may even want to investigate the possibility of publishing the stories. If an elderly person indicates an interest in writing poetry, they should be encouraged to do so. The elderly person with arthritic fingers or reduced muscle coordination will find an enlarged pen or pencil easier to hold.

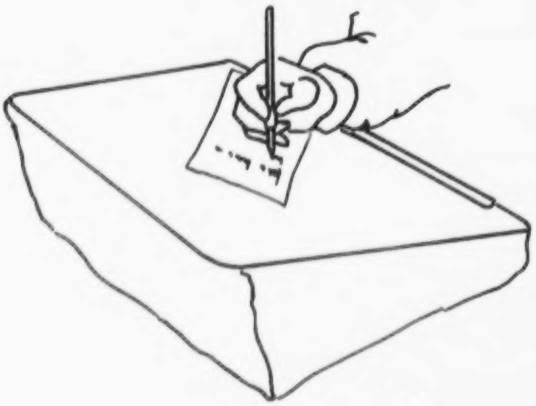


Another writing aid that may be helpful to the elderly person with hand problems is a lightweight plastic ball which holds a standard sized pen or pencil as illustrated.



The plastic ball is 3″ in diameter with a 3/4″ hole through the center. One end of the ball is flattened to prevent the ball from rolling. A side screw with flipper-type head intersects the hole to clamp pen or pencil. (The ball can also be used with a toothbrush or eating utensils.)

The lap desk provides a smooth non-glare work surface for the elderly person especially if they are confined to a chair or bed. The lap desk is a slanted wedge-shaped cushion fitted with a smooth surface. It can be used as a portable desk, writing surface, reading surface or for playing some card games.



Some elderly persons may be interested in tracing their **family genealogy**. The care provider can assist the elderly in their pursuit by helping:

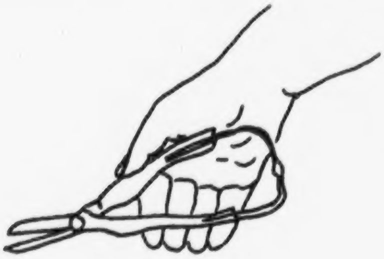
- Gather all possible information from relatives especially, the older ones. Friends and neighbors can provide valuable information too.

- Sort through family papers such as family Bibles, letters, and diaries which may provide notes of weddings, births, and baptisms. Gravestones often record important dates and names.

- Check church records, birth and death certificates, marriage licenses and official records which can provide information. Wills sometimes provide more than the records of bequests and disposals. Military, immigration, and pension records of the survivors yield a great store of genealogical data. Early land records, tax lists, mortgage records, and ship logs may be helpful. The first United States Census was taken in 1790; this and other available census data may be useful.

- Contact public libraries. The libraries may not contain a special collection of genealogical material, but the librarian will know where such a collection can be found. Books on how to research genealogy will be available at the public library.

The care provider can assist the elderly person in organizing a scrapbook, loose photographs, postcards, mementos that the individual wants to keep and enjoy. They can be arranged in a way that is meaningful. The care provider can assist with the layout of pages and make the notations or captions on the pages. Special scissors, which reduce painful finger action, can be a help to the elderly person with hand problems or arthritic fingers. Scissors are available that squeeze shut with the palm and spring open automatically after each cut.



## ART

Some elderly persons may have an interest in art. The care provider can encourage the elderly to pursue the work. The elderly person who has an interest in art, but never painted might enjoy **line drawing**. The care provider can show the elderly person how to keep their eye on the subject and move the pen, as though they are following the outline of the object. Then they fill in the wanted details by letting the pen move to the desired areas and back to the basic outline. The pen must be kept on the paper until the drawing is completed. A brush with water colors can be used to shade and add color to the drawing.

## READING

As with all individuals, some of the elderly will be **avid** readers, while others will prefer a specific topic or type of book, and others will have no interest in reading. The elder care provider can locate books the elderly person requests or select books on topics the person is interested in. Besides getting the book at the public library, the librarians will be helpful in suggesting books on specific topics. The elder care provider should note when the books are due and make sure they are rechecked or back to the library before they are overdue. When the tasks to be accomplished make it difficult for the elder care provider to travel to and from the library and books are overdue or new selections are needed, the Friends of the Library or a similar group can be helpful. Such groups provide services which may include bringing books to the elderly person's home, visiting with the person to learn of their interests, and providing a pick-up and delivery service. For the elderly person who cannot read, but is interested in books, there are books available on tape cassettes and records. For the elderly person whose vision is poor, there is large-print reading material. To encourage an elderly person to read, or to give pleasure to any avid reader, the elder care provider can suggest attending a book review.

The care provider may be asked to read aloud to the elderly person and should first read the parts of a magazine or newspapers that the elderly person is interested in. The care provider should read distinctly, neither too fast nor too slow. The care provider should show interest in the subject and put sincere expression in the words without sounding false or too dramatic. If the elderly person is partially deaf, the care provider should face the person directly when reading aloud so the person can lip read.

## MUSIC

Music can be therapeutic—it can elevate or calm emotions, it can create a better eating atmosphere, and help to relieve pain and sleep. Music can also reverse a person's mood. If the person is trying to rest or relax, soft soothing music can help with relaxation; jazz or "beat" music can lift the spirits. A small portable radio near the bed gives the elderly person a more independent feeling. The television, radio, record or tape player are all sources of musical entertainment.

## PETS

Pets are good companions for the elderly person and will provide someone to care for. Dogs and cats are not the only possibilities. Fish take little space and make no noise; birds almost always seem cheerful and perky. Before the elderly person invests in a pet, the care provider might suggest the person sit with a friend's pet.

## GARDENS

The care provider might suggest gardening as an activity for the elderly person. Even a flower bed is space enough to grow salad greens for the table. Gardening offers many challenges and opportunities to meet many interests like growing unusual or rare plants, trying new plants, specializing in a particular species and even growing for resale. If outdoor gardening is too strenuous, a houseplant is a good way to bring the outdoors inside. Friends are often willing to supply free cuttings which adds companionship and sharing for the elderly person.

## INDIVIDUAL OR GROUP ACTIVITIES

The type of activity will be different for each elderly person. Some of the elderly persons will prefer to work in groups in order to participate with others. The companionship is important and gives them the opportunity to share concerns on feelings with peers. Whether the elderly person is interested in individual or group activities, the selected activity should be relaxing and enjoyable and provide the person with diversity, reduce anxiety, and relieve stress.

There are a wide range of hobbies and activities for the elderly person who prefers solitary activities and enjoys being alone. Elderly persons who prefer activities with other individuals can be encouraged to participate in learning programs for older people, on such subjects as arts and crafts, hobbies, recreational and aesthetic opportunities, consumer education, and personal development.

## Points To Remember

- Meaningful hobbies and activities enable the elderly person to live as fully and independently as they desire and their capability allows.
- Meaningful hobbies and activities provide the elderly with opportunities for growth—socially, mentally, physically, emotionally, intellectually and spiritually.
- Depending upon the individual, the hobbies or activities suggested for the elderly person should allow for adventure, companionship, creativity, learning, participation, recreation, recognition, relaxation, self-expression, and solitude.
- The elder care provider not only can encourage some elderly persons to renew past hobbies, but can influence others to develop new hobbies.
- When suggesting a hobby or activity, the care provider must always keep in mind the needs and wants of the elderly person.
- For the elderly person who likes to play games, there are many kinds available—cards, dominoes, chess, checkers, games such as Monopoly, Scrabble, cribbage, backgammon, etc., active games like shuffleboard, Ping Pong, jigsaw puzzles, and video games.
- Writing activities such as writing memories, stories or poetry appeals to many elderly persons. Some elderly persons will enjoy the pursuit of tracing their family genealogy.

- The care provider can assist the elderly person in organizing a scrapbook, loose photographs, postcards, and mementos.
- Art is an interest of some elderly persons.
- The care provider can assist the elderly with reading activities by locating books, selecting books on specific topics, noting when books are due, making sure books are rechecked or back to the library before they are overdue, and reading aloud to the person.
- Music can be therapeutic and elevate or calm emotions.
- Pets are good companions for some elderly persons and provide someone to care for.
- Gardening offers the elderly person challenges and opportunities to meet new interests such as growing unusual or rare plants, trying new plants specializing in a particular species and growing for resale.
- Some elderly persons prefer to work in groups in order to participate with others.
- Some elderly persons prefer individual activities as they find socializing with others more effort than enjoyment.

## Words To Know

avid
domestic activities
family genealogy
hobbies
line drawing

## Questions for Review

1. How do meaningful hobbies and activities benefit the elderly person?
2. Why is it important to meet the elderly's need for hobbies and activities?
3. List the opportunities for growth that meaningful hobbies and activities provide the elderly person.
4. What should the hobbies and activities suggested for the elderly person allow for?
5. List six hobbies the care provider might suggest to the elderly person.
6. How might the care provider assist the elderly person who likes to play games?
7. How can the care provider assist the elderly person with writing activities?

8. List activities related to writing that might be of interest to an elderly person.

9. Discuss the services for the elderly provided by the Friends of the Library.

10. Why do some elderly persons prefer individual activities while others prefer group activities?

# 19

# Educational Activities for the Elderly

**COMPETENCY TO DEVELOP**

- Determine how to meet the elderly's need for educational activities.

**OBJECTIVES TO ACHIEVE**

- Explain the importance of meeting the elderly's need for educational activities.
- Identify ways to meet the elderly's need for educational activities.
- Point out ways the care provider can assist the elderly with educational activities.

Educational activities encourage growth and self-development regardless of age. Doctors say that the one organ we can depend upon to last us into old age is the brain. Even at age eighty your brain can learn at the speed of a thirteen-year-old. The elderly person also has experience, wisdom, and the time to aid them in their quest for knowledge. As most elderly persons are not interested in academic or occupational advancements, they participate in educational activities for the enjoyment, fun, and satisfaction of learning.

## ADULT EDUCATION

More and more older people are participating in some form of **adult education**. Learning programs and services for older citizens are offered in most communities through **senior centers**, universities, churches, schools, libraries, museums, volunteer agencies or retirement housing facilities.

### UNIVERSITIES, JUNIOR COLLEGES, AND COMMUNITY COLLEGES

Adult education courses or **extension courses** are offered to elderly persons at most universities and colleges. They also encourage **weekend scholars** and offer **mini-courses** and summer programs for the elderly.

Many universities and colleges offer persons 65 years of age or older an opportunity to **audit**, free of charge, any credit course as long as there is space available. Some universities offer special classes each semester covering a wide range of subjects from western dancing to income tax. The classes are free or at a low cost. To encourage the elderly to pursue their interest in learning, some universities organize special clubs, such as the "League of Older Students." The club helps members find their way around the campus and offers counseling on various problems. Other universities offer a "Back to College" day or week to give the elderly an opportunity to become acquainted with the campus and to look over the courses being offered. Some universities have planned and constructed a dormitory connected to a retirement housing project so that the younger and older students can mingle and study together.

The elder care provider can encourage the elderly person who indicates an interest in learning to look at the universities and colleges in the community. The care provider can obtain catalogs of courses being offered and the pertinent information. The care provider can call NEXUS, (a telephone referral service sponsored by the American Association for Higher Education), to find out about the colleges offering unusual programs for adults.

## YMCA AND YWCA

Local Young Men's Christian Association's **(YMCA)** and Young Women's Christian Association **(YWCA)** usually have excellent adult education programs. The arts and crafts which are often emphasized in these programs do not require extraordinary talent, but they do allow the elderly person to turn out satisfying and attractive objects. Programs at the Y's usually have a small fee, which varies, depending on whether the person is a member or a nonmember.

### SENIOR CENTERS AND GOLDEN AGE CLUBS

In all parts of the country, clubs and day centers for senior citizens have sprung up with astonishing spontaneity. There is hardly a town so small or a county so isolated that it does not have some club or organization for older citizens. The Senior Centers and **Golden Age Clubs** meet the needs of the elderly for companionship and sociability. The expense of belonging is small. The status in the centers is established by personal ability and integrity rather than wealth. Another feature that appeals to the elderly person is the absence of a time clock. Everyone moves at their own pace and attendance is voluntary. The elder care provider can locate local centers and clubs and find out the schedule of activities and cost of participating.

Many national organizations have local chapters and branches with programs for older people. A directory of voluntary organizations with programs in the field of aging is published by the United States Government Printing Office and can be requested by mail. After locating a center or club with a program which interests the elderly person, the care provider can assist with transportation, plans, gathering supplies (if needed) and reminding the person as to time and date of the meetings.

## SPECIAL INTEREST CLASSES

Schools, libraries, museums, churches, and park districts also offer learning programs on numerous subjects for older persons. Classes may include meaningful topics such as: music, current events, politics, travel, computer, art, etiquette, food preparation, comparative religions, understanding people, sewing techniques, and book reviews. Other individualized special-interest activities which are educational include the meetings and clubs for hobbies such as stamp and coin collections, gem stone and leather work, photography, garden clubs, quilters groups, etc. Shops that sell the supplies usually offer free classes for their customers.

The older person may want to continue to learn about an interest based on early life experiences. For others it will be a stimulating challenge to learn something entirely new.

Legislators, concerned that library facilities and services be accessible to the elderly, passed the Library Services and Construction Act Amendments of 1984. This legislation requires that the state's annual program for library services "describe the uses of funds for programs for the elderly, which may include (A) the training of librarians to work with the elderly; (B) the conducting of special library programs for the elderly, particularly for the elderly who are handicapped; (C) the purchase of special library materials for use by the elderly; (D) the payment of salaries for elderly persons who wish to work in libraries as assistants on programs for the elderly; (E) the provision of in-home visits by librarians and other library personnel to the elderly; (F) the establishment of outreach programs to notify the elderly of library services available to them; and (G) the furnishing of transportation to enable the elderly to have access to library services."

## CHURCH AND RELIGION

Religion is closely related to education during all phases of life as it encourages self-development and growth.

The care provider should remember that religion is personal. They must also recognize individual rights and leave the interpretation and application to be determined by each elderly person. Religious services and social functions are important to many older persons because they have lived and practiced their religion for most of their lives. The religious activities provide a continuation of former life activities. Religious beliefs and customs are also important to many elderly persons because their belief in God and their faith gives them the spiritual strength with which to live the remaining part of their lives. The clergy, especially the minister of their faith, is special to the elderly, who welcome the visits of the minister. In a private home situation, the elder care provider may be asked to assist and escort the elderly person to religious activities. In elder care facilities the care provider can:

a. welcome all members of the clergy as they visit

b. answer questions about the elderly courteously and adequately

c. assist the clergy as needed

d. seek ministerial help when needed by a specific elderly person.

The elder care provider should encourage visits by the clergy when the elderly person is unable to leave home and has expressed a desire for the clergy to visit. The care provider can also check to see if the homebound elderly person can assist the congregation by making phone calls, addressing envelopes, or doing other work.

When a special interest is indicated, the elder care provider can encourage the elderly person to pursue knowledge or the topic of interest. They can also encourage regular attendance.

## Points To Remember

- Educational activities encourage growth and self-development regardless of age.
- Most elderly persons participate in educational activities for the enjoyment, fun, and satisfaction of learning.
- Adult education or extension courses are offered to elderly persons at most universities and colleges.
- The elderly are often allowed to audit, free of charge, any credit courses as long as space is available.
- Excellent adult education programs are offered by the YMCA and YWCA.
- Senior Centers and Golden Age Clubs meet the needs of the elderly for companionship and sociability.
- Schools, libraries, museums, churches, and park districts offer learning programs on numerous subjects for older persons.
- Religion is closely related to education during all phases of life as it encourages self-development and growth.
- Religion is personal and the interpretation and application should be determined by each elderly person.

## Words To Know

adult education
audit
extension course
Golden Age Clubs
mini-courses
senior centers
weekend scholars
YMCA
YWCA

## Questions for Review

1. Why is it important to meet the elderly's need for educational activities?
2. What are the benefits of educational activities?
3. How can the elderly's need for educational activities be met?
4. Why do most elderly persons participate in educational activities?
5. How do universities, junior colleges, and community colleges encourage the elderly to participate in adult education courses?
6. How can the care provider encourage the elderly person who indicates an interest in learning?
7. What type of programs for the elderly do the YMCA and YWCA offer?
8. What do Senior Citizens and Golden Age Clubs offer senior citizens?
9. What types of classes and activities for the elderly are offered by schools, libraries, museums, churches, and park districts?
10. How is religion closely related to education during all phases of life?

# 20

# Sanitation

**COMPETENCY TO DEVELOP**

- Analyze ways to help improve sanitation in a private home or elder care facility.

**OBJECTIVES TO ACHIEVE**

- Identify personal sanitation measures to follow to prevent the spread of infection.
- Demonstrate an ability to properly remove dirty linen from a bed.
- Describe how items are sanitized.
- Give examples of effective ways to deal with odors.
- Explain the measures to take in order to control pests and rodents.
- Explain the difference between disinfection and sterilization.

**Sanitation** can be defined as the practice of rendering the care facility or private home free from agents injurious to health. **Microbiology** is the biological science on which sanitation is based. It is the study of microscopic living, plant-like organisms, which includes bacteria, viruses, yeasts, and molds. It is important for the care provider to have some knowledge of sanitation practices in order to help prevent the spread of infection, odors, pest and rodents.

## PREVENTING THE SPREAD OF INFECTION

**Medical asepsis** is the term used that means free from germs or bacteria that may cause infection. Germs spread and multiply quickly in moist, warm, dark areas such as in bandages, dirty equipment, dirty linen, and on hands. The care provider may be working with an elderly person with an illness caused by an infection. The germs of an infection can be carried from the ill person to others in the care facility or private home. Carrying disease germs on the hands or clothing of the care provider is the most common way of spreading an infection.

## PERSONAL SANITATION

### HANDWASHING

Infection can be spread very quickly from one person to another by germs carried on the hands. To prevent the spread of infection either to or from an elder person, care providers should wash their hands before and after using the bathroom, handling a bedpan, handling food, and feeding the person. The germs that cause infection cannot be seen without the use of special equipment but they are always present on the skin of the hands. Most of the germs can be removed by thoroughly washing the hands with soap and water. Friction caused by rubbing the soapy hands together removes more germs than any other part of handwashing. Germs loosened by friction are then washed away with warm running water. When rinsing hands, they should be held so the dirt and germs will be washed down and away from the hands and the wrists. Handwashing should be done both frequently and thoroughly by the care provider. Hands should be scrubbed thoroughly.

## COVERING CLOTHING

Although the hands are the most common way of spreading infection from one person to another, germs can also be carried on the clothing of the care provider. To protect the clothing from germs, some type of covering such as an apron or towel should be worn. The covering should be worn anytime the care provider comes in contact with an ill person or waste materials. Care providers should cover clothing when feeding a person or giving a person a bed bath.

## HOME OR FACILITY SANITATION

### LINEN

Linen should be used and cared for properly whether the care provider is employed in a private home or care facility. The handling of linen is a crucial phase of infection control because soiled linen is a source of bacterial contamination. Linen should be stored on clean dust-free shelves. Never allow linens to drop on the floors. Carefully remove dirty linen from bed being careful not to spread germs onto clothes. Remove linen immediately from the room to prevent odor. If linen is extremely soiled, pre-rinse before having it laundered.

## SANITIZING

The most common method of heat sanitizing is immersion of an object in water at 170° F (about 77° C) for no less than 30 seconds. The most common chemical sanitizers are chlorine, iodine, and quaternary ammonia (quats). Chemical sanitizing may be done in two ways: (1) The object is immersed in the correct concentration of sanitizer for one minute. (2) The surface of the object is rinsed, swabbed, or sprayed with double the usual recommended concentration of sanitizer. For the sanitizing process to work, the object must be thoroughly clean and completely rinsed. Sanitation does not replace the need for good cleaning.

## DISHWASHING

Cleaning and sanitizing glasses, dishes, and flatware are necessary to prevent food-borne diseases. Pots, pans, and other utensils must also be kept clean and sanitary.

Clean and sanitary refer to different qualities. A plate may appear clean, but may harbor harmful organisms if it was not washed properly. A glass may appear water-spotted, but be free from germs if it was rinsed in hot water or treated with a sanitizing solution after being washed. It does not look clean, but it is sanitary.

## ODORS

Problems with odors occur as a result of poor sanitation in toilet areas, utility rooms, closets, and other areas in a home or care facility. The most effective way to deodorize these areas is with fresh air, removal of the causes, and frequent cleaning with a detergent—disinfectant solution. The least effective way to deal with odors is to try and block them with sprays or deodorizer blocks.

Bad odors often arise in garbage collection areas also. To help keep odors minimal, the care provider should remove garbage frequently, cleanse garbage cans, use tight-fitting lids, and use plastic liners in garbage cans. **Ventilation** of the garbage area will also be helpful.

### DESTROYING AND REPELLING PESTS

The best insurance against pests is to store food properly and promptly clean up any spilled food. To remain free of pests, the care facility or private homeowner must take pest control measures on a regular basis. These measures include: (1) keeping all windows and doors shut, (2) maintaining proper sanitation and housekeeping inside and outside of the establishment or home, (3) eliminating the presence of rodents, and (4) cleaning garbage cans and keeping them covered.

Occasionally, these measures are not enough to completely control or eliminate all types of pests. Professional pest control experts should handle the exterminating or repelling of any type of pest. Federally regulated chemicals must be used by a licensed person. If you see any signs of pests in the care facility or private home, report them to your supervisor or the person in charge immediately. Losses due to customer annoyance, unfavorable publicity, and damage from insects and rodents total several billion dollars each year.

### PESTICIDES AND SAFETY

**Pesticides** are harmful to humans as well as to insects. For this reason, precautions should be followed when storing, using, and

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disposing of pesticides. Some precautions that should be followed are:.

- Store in original containers.
- Be sure containers are labeled properly.
- Follow directions on the label.
- Do not use around food or people.
- Store in a safe place, away from moisture and heat. This may be in a locked cabinet or closet.
- Rinse and destroy bottles and cans when empty.
- Keep away from children.

Moth-killing chemicals are probably the worst items in American homes today. They come in the form of moth crystals, cakes, balls, nuggets, and flakes. Clinical ecology, the study of adverse reactions of the environment on the human body, has noted some reactions to the use of moth-killing chemicals such as: damaged complexions, headaches, kidney and liver disturbances. These chemicals are extremely harmful and should never be used in the home or care facility. The best way to prevent moth damage is by mechanical means such as brushing, airing, and sunning and placing garments in plastic bags.

## DISINFECTION AND STERILIZATION

Articles that have come in contact with the ill person or any infected discharges of the person are considered soiled, such as dressing from a wound or a tissue with nasal secretions. To lessen the chance of spreading infection to the care provider, soiled or contaminated materials should be handled at the cleanest area when they are being thrown away or discarded. This is the area that has come into the least contact with the ill person, the wound, or any body secretions. These contaminated articles should be completely destroyed. They should be tightly wrapped and burned or disposed of in a covered waste receptacle. Other contaminated articles such as equipment, are expensive and must be cleaned and reused. Before such articles are safe for reuse, they must be disinfected or **sterilized**. **Disinfection** means destroying the germs. Disinfecting articles is most often done with chemicals. To safely disinfect equipment, the care provider should follow the steps listed below or follow the rules of the person in charge or the methods used in the care facility.

1. Wash and dry articles.
2. Open up or take apart instruments.
3. Fill any tubes with the disinfectant.
4. Completely submerge all parts of the articles to be disinfected.

5. Soak in chemicals the required length of time.

6. Follow instructions on chemical labels. **Sterilization** is the destruction of all microorganisms. Usually some form of heat is used to sterilize. Often articles are boiled for 20 minutes to sterilize them, others may be steamed:

## Points To Remember

- Sanitation is the practice of rendering a care facility or private home free from agents injurious to health.
- The term used that means free from germs or bacteria that may cause infection is medical asepsis.
- Carrying disease germs on the hands or clothing is the most common way of spreading an infection.
- The handling of linen is a crucial phase in infection control because soiled linen is a source of bacterial contamination.
- Proper cleaning and sanitizing of glasses, dishes, etc. are necessary to prevent food-borne diseases.
- Problems with odors occur as a result of poor sanitation in toilet areas, utility rooms, closets, and other areas in a home or care facility.
- Any facility handling food must take measures to eliminate disease-carrying pests.
- The best insurance against pests is to store food properly and to promptly clean up any spilled food.
- Disinfection means destroying germs.
- Sterilization is the destruction of all microorganisms.

## Words To Know

disinfection
medical asepsis
microbiology
sanitation
sterilize
ventilation

## Questions for Review

1. Why is it necessary for the elder care provider to be knowledgeable about sanitation practices?
2. How are disease germs spread from one person to another?
3. List two precautions the elder care provider can take to reduce spread of infection?

4. How should the elder care provider handle dirty linen?
5. Explain the difference between clean and sanitary?
6. What are the most effective ways to handle odor problems?
7. What measures can the care provider take to control pests?
8. What is the difference(s) between disinfection and sterilization?

# 21

# Safety

**COMPETENCIES TO DEVELOP**

- Relate safety to the role of a care provider in a private home or an elder care facility.
- Observe safety rules and procedures when working as an elder care provider.

**OBJECTIVES TO ACHIEVE**

- Point out safety rules to follow or observe in the various areas of a private home or care facility.
- Give examples of general safety rules to follow in housekeeping matters.
- Explain fire emergency procedures.
- Identify potentially hazardous conditions.

## SAFETY RULES

Each year, many senior citizens are injured in and around their homes. According to the United States Consumer Product Safety Commission, in 1984, over 622,000 people over age 65 were treated in hospital emergency rooms for injuries associated with products they live with and use every day. In and about the home is where more than 43% of all accidental injuries occur. Falls lead in the cause of accidental deaths and injuries for older people. Burns, cuts, and poisonings also harm many in the home.

The United States **Consumer Product Safety Commission** (CPSC) believes that many of these injuries result from hazards that are easy to overlook, but also easy to fix. By spotting these hazards and taking some simple steps to correct them, many injuries might be prevented. The care provider should watch for possible safety problems that may exist in various areas of the elderly person's home or care facility.

### GENERAL SAFETY RULES

1. Slippery floors can cause serious falls. Wipe up all spills right away, because even a little water, a little lettuce, or a grease spot can cause a foot to slip. Don't use too much wax.

2. Repair small breaks in tile or linoleum so nobody will trip over loose edges.

3. Encourage older persons to discard scatter rugs. If they insist on using, try to place furniture over the corners to hold in place or attach foam rubber or rubber jar rings onto the wrong side of any that do not have a nonskid finish. For those with a nonskid finish, vacuum or sweep often and sponge the backing with soap or detergent suds occasionally because dirt keeps the nonskid finish from gripping the floor.

4. If possible and with permission from the elderly person, arrange chairs and tables in each room so that a **traffic lane** is kept open. This makes walking safer even in the dark.

5. Try to keep often used cleaning items at a convenient height to reduce reaching. Never climb to take things down from high cabinets or shelves unless using a good ladder or a very sturdy step stool.

6. When cleaning, wear comfortable clothing and cotton work gloves for "heavy" jobs or when handling things with sharp edges. Flats, or shoes with low rubber heels, give the safest footing.

## HOUSEHOLD PRODUCT SAFETY RULES

1. Never place or store chemical products within the reach of children or pets, even in the home of the elderly because they often have visiting grandchildren.

2. Read directions, all warnings, and special directions on packages and containers labeled as "Hazardous." Laws require that poisonous substances be labeled "Poison." The **antidote** or treatment to be used if someone takes the poisonous substance is always printed on a package which holds a poison.

3. Some household products which are useful and safe, when used alone, can be dangerous when they are combined. Never mix two or more substances such as bleaching solutions, ammonia, toilet bowl cleaners, rust removers, and oven cleaners. Such chemical mixtures may release irritating gases.

## ELECTRIC APPLIANCE SAFETY RULES

When lights flicker, or a piece of electrical equipment doesn't work evenly, this is a danger signal and a warning that the line is overloaded. A **fuse** is a safety device to prevent trouble. When a fuse blows out, put in a new one right away. Do not use a penny instead of a fuse as this may start a fire. Other electrical safety precautions include:

1. Use a good cord. A worn cord is dangerous and can cause fire or shock.

2. Keep appliances and lamp cords as short as possible. Wind and tie up extra cord with a rubber band and attach cords to a baseboard so nobody will trip over them.

3. Don't plug in too many pieces of electric equipment at the same time. This may overload the electric power line. Unplug appliances when not in use. When leaving the room, unplug the iron even if not finished with the task.

4. Always pull a cord from the wall **outlet** before pulling the other end out of the electrical appliance.

5. Keep all electrical equipment, including radios and televisions, away from sink, bathtub, or from any water outlet. Never touch or handle electrical appliances with wet hands. Never reach into water to retrieve an appliance in without being sure the appliance is unplugged.

## KITCHEN SAFETY RULES

1. Keep all work surfaces clean and dry, especially the stove surface, since crumbs or grease can start a fire. If grease catches fire, smother with lid, salt or baking soda. Never try to put out a grease fire with water!

2. Keep non-cooking equipment like potholders, dishtowels, or plastic utensils away from the range. Set pots and pans on the stove so that their handles do not stick out as somebody may knock the pan over and spill hot food. Always use potholders when handling hot equipment.

3. Improve lighting by opening curtains and blinds. Reduce glare by using frosted bulbs, indirect lighting, lamp shades, globes and light fixtures, or partially closing the blinds or shades.

4. Use the maximum wattage bulb allowed by the fixture. If the correct wattage for the fixture is not known, use a bulb no larger than 60 watts.

5. Use knives wisely. Never cut toward hand with knife. Wash sharp knives separately. If sharp knives drop into sudsy dishwater or hide in the sink under a layer of suds or dishes, they may be picked up accidentally and cut the person's fingers.

6. Brooms, mops, pails, and empty bottles should be properly stored.

## BATHROOM SAFETY RULES

1. Put a rubber mat, a folded bath towel, or apply textured strips or appliques in the bottom of the bathtub or shower before elderly persons take a bath or shower. When possible, attach a handle to the wall next to the tub or shower as a grab bar. If the elderly person is unsteady when standing, use a stool with non-skid tips as a seat while showering or bathing. When assisting an elderly

person out of the bathtub or shower, make sure one foot is firmly planted on the floor before lifting the other foot out.

2. Test the water before allowing anyone to step into the bathtub or shower to make sure the water is not scalding hot. Water temperature above 120° can cause tap water scalds.
3. A light switch should be located near the door to prevent a person from walking through a dark area. If necessary, install an inexpensive night light that plugs into an outlet.
4. Be sure all medicine containers are clearly marked with the contents, doctor's instructions, expiration date, and person's name. Dispose of outdated medicines properly. Request child-resistant closures from the pharmacist unless the elderly person cannot open them. Store medicine beyond the reach of children.

### BEDROOM SAFETY RULES

Burns are a leading cause of accidental death among senior citizens. Smoking in bed is a major contributor to this problem. Among mattress and bedding fire-related deaths in a recent year, 42% were to persons 65 or older. Sources of heat or flame should be removed from areas around the bed.

1. Electric blankets should be used according to the manufacturer's instructions. Individuals should not go to sleep with a heating pad turned on because it can cause serious burns even at fairly low settings.
2. The sides or ends of electric blankets should not be tucked in. Additional coverings should not be placed on top of electric blankets while they are in use. Additional blankets, comforters, or even pets sleeping on top of the blanket can cause excessive heat buildup which can start a fire.
3. Lamp or light switch should be located within reach of the bed to enable persons who get up at night to see where they are going. Night lights should be installed when possible.
4. A telephone should be within reach of the bed in case of an emergency.

## STAIRWAYS

The lighting, handrails, and condition of the steps and coverings for all stairways should be checked by the elder care provider.

1. Light switches should be located at both the top and bottom of stairways.
2. Handrails should be securely fastened on both sides of the stairway and should always be used when climbing up or going down the steps.

3. Socks or smooth-soled shoes or slippers should be avoided when using stairs.

4. Carpet should be firmly attached to the steps all along the stairs. Loose or worn carpeting can lead to insecure footing, resulting in slips or falls.

5. All objects should be removed from stairways; items should never be stored on stairways.

## FIRE SAFETY PROCEDURES

Almost any material can become fuel for a fire—food, rags, flammable liquids like grease or cleaning fluids, wood, furniture, plastics. Fire can cause death in several ways. Fire consumes oxygen people need to breathe. Normal air contains about 21 percent oxygen. During a fire, the oxygen level drops rapidly. If the oxygen level falls below 17 percent, clear thinking and muscle control become more difficult. Attempts to escape become irrational. When oxygen falls below 6 percent, breathing stops. After 4 to 6 minutes without oxygen, brain death occurs.

Fires also produce very hot air, smoke, and toxic fumes which can kill. Faster breathing, due to heat, fear, and less oxygen in the air, increases the amounts of poisonous gases inhaled. These gases can impair sight, smell, and reasoning power.

The heat produced by fire can cause loss of consciousness or death within several minutes. Our bodies can stand high temperatures (150°-250°F.) for only moments.

Smoke is probably the fire's major threat. Smoke moves quickly. It hampers visibility, obscures light, and blocks vision. Smoke particles irritate the respiratory system, impair sight, and cause coughing and sneezing. Smoke causes difficulty in breathing, seeing, and thinking clearly. These difficulties can lead to panic.

### ESCAPING FIRES

Once a fire starts, it spreads rapidly. Since there is usually little time to get out and much confusion, it is important that the elder care provider knows what to do.

1. Become familiar with **escape routes**, exits and policies of the place of employment.

2. Plan an escape route from room and home. Work out an alternate route in case the primary route is blocked.

3. Practice using the escape routes.

4. Close the bedroom door before going to sleep. If fire should break out elsewhere in the house, the closed door may keep flames, gases, or smoke away long enough for rescue.

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5. Never open a hot door. If smoke is detected or there is a possibility of fire in the house, touch test the inside of the door. If it is hot, do not open it. Go to the window and wait for rescue there.

## SMOKE DETECTORS

At least one **smoke detector** should be placed in every floor of a home. The instructions that come with the smoke detector should be read for advice on the best place to install it. Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall. They should be located away from air vents. Smoke detectors work by detecting early traces of smoke and setting off an alarm. There are two types of smoke detectors.

1. Ionization chamber smoke detectors. This type of detector uses a tiny radioactive source to charge the air in the chamber. When smoke is detected, the reduction of the electrical current triggers the alarm.

    a. Advantages: Battery powered, easily installed, prices vary.

    b. Disadvantages: Battery size may range from AA alkaline cells to 12.6 volt batteries. This type of smoke detector should be returned to the manufacturer for disposal after it has worn out because it has a low level of radioactivity.

2. Photoelectric smoke detectors. Photoelectric detectors are slower than ionization in detecting fires, but respond more rapidly to smoldering fires and smoke. Smoke enters the unit and interrupts and reflects the light from a small bulb onto a photoelectric cell, which in turn sets off the alarm.

    a. Advantages: Does not need batteries and replacements. Does not have to be returned for disposal.

    b. Disadvantages: Requires 120 volt installation because of heavier power requirement.

## REPORTING FIRES

When calling the fire department, give them

- your name
- the address
- the location of the fire
- the size
- the type

1. Class A—wood, paper, or trash

2. Class B—gas, grease, or other liquid
3. Class C—electrical

## HOW TO PUT OUT FIRES

Elder care providers need to know where fire extinguishers are located and how to use them.

| | |
|---|---|
| Wood, Paper or Trash | Cover with water or use Type A fire extinguisher. |
| Grease | Smother with soda—cover pan with lid. For grease fire in the oven, close oven door and turn oven off. Never use water on a grease fire. |
| Kerosene or Gasoline | If it is a small fire, cover with sand or dirt. For a larger one, get away from it and call the fire department. |
| Electricity | Unplug or shut off electricity. If plug is pulled, it is safe to use water. |

Keep dry chemicals or carbon dioxide extinguisher, for use on electrical and gas fires.

When you choose to extinguish or contain the fire, be careful. Keep an escape route open so you can get out if the fire gets bigger. Do not reach over the fire to get baking soda or the fire extinguisher. You could get burned or catch your clothing on fire. Report all incidents to the appropriate supervisor.

# SOURCES OF ASSISTANCE

## CONSUMER PRODUCT SAFETY COMMISSION

The Consumer Product Safety Commission (CPSC) is charged with protecting the consumer from unreasonable risks associated with consumer products, to assist consumers in voluntary comparative safety of consumer products, to develop uniform safety standards for consumer product and minimize conflicting state and local regulations, and to provide research and investigation into product-related deaths, illnesses and injury. They can be contacted at the following address:

Director
Bureau of Information and Education
Consumer Product Safety Commission
Washington, D.C. 20207

Phone 301/492-6504

Toll Free: 800/638-2666

## FIRE PREVENTION AND CONTROL

**The National Fire Prevention and Control Administration**: monitors residential fire detectors and related equipment; encourages owners and managers of certain types of buildings to prepare fire safety effectiveness statements; and assists in the development of fire safety standards for consumer products. This agency also conducts educational programs on methods of fire prevention. For additional information, contact:

Administrator
National Fire Prevention and Control Administration
Department of Commerce
Washington, D.C. 20230

Phone 202/634-7663

Note: These addresses and phone numbers may change. If letters are returned or the phone is no longer in service, please consult your local fire station for the new information.

### Points To Remember

- In 1984, over 622,000 people over age 65 were treated in hospital emergency rooms for injuries associated with products they live with and use every day.
- More than 43% of all accidental injuries occur in and about the home.
- Falls lead in the cause of accidental deaths and injuries for older people.
- In all areas of the home or care facility, the elder care provider should check all electrical and telephone cords, rugs, runners and mats, telephone areas, smoke detectors, electrical outlets and switches, light bulbs, stairways, and the emergency exit plan.
- The elder care provider should follow general safety rules and household products safety rules tending to housekeeping matters.
- An emergency fire exit plan, as well as an alternate escape route, should be planned and understood by all members of a household or care facility.
- At least one smoke detector should be placed on every floor of a home.
- The Consumer Product Safety Commission (CPSC) protects the consumer from unreasonable risks associated with consumer products, assists the consumer in voluntary comparative safety of consumer products, develops uniform safety standards for consumer products and minimizes conflicting state and local regulations, and provides research and investigation into product-related deaths, illnesses, and injury.

- The National Fire Prevention and Control Administration monitors residential fire detectors and related equipment; encourages owners and managers of certain types of buildings to prepare fire safety effectiveness statements; and assists in the development of fire safety standards for consumer products.

## Words To Know

antidote
Consumer Product Safety Commission (CPSC)
escape route
fuse
National Fire Prevention and Control Administration
outlet
smoke detector
traffic lane

## Questions for Review

1. What is the leading cause of accidental deaths and injuries for older people?
2. How can the elder care provider help to eliminate possible injuries or accidents of the elderly?
3. Name four kitchen safety rules the elder care provider should follow.
4. How can the elder care provider ensure the elderly person's safety on stairways?
5. Name five general safety rules the elder care provider should follow when attending to housekeeping matters.
6. What may occur if two or more household cleaning substances are combined?
7. Why is it necessary to have two escape routes from a home or care facility?
8. How should a grease fire be put out?
9. What does the CPSC do for consumers?
10. What is the purpose of the National Fire Prevention and Control Administration?

# 22

# Preventive Health Measures and Signs of Illness

**COMPETENCY TO DEVELOP**

- Determine the role of care providers in helping the elderly to maintain good health.

**OBJECTIVES TO ACHIEVE**

- Describe preventive measures the elderly can engage in to maintain good health.
- Identify infectious diseases the elderly should be immunized for.
- Describe how to use medications safely.
- Point out possible signs of illness in the elderly.

## PREVENTIVE MEASURES

Maintaining good health is more than just preventing illness. Other factors necessary for good personal health are emotional stability, vitality, and a zest for living. Maintaining good health will not only help to prevent illness but will provide the elderly with the opportunity to live more full and satisfying lives.

As one ages, it becomes more difficult to ward off the effects of disease, accidents, and other stresses. It becomes necessary for the elderly to take precautions against accidents, exercise regularly, eat an adequate diet, and receive periodic medical examinations.

There are several **preventive measures** the elderly can engage in on a daily basis such as diet and exercise (discussed in an earlier chapter), and others less frequently, such as medical examinations. The elder care provider needs to be aware of the various preventive measures the elderly can take in order to encourage them to follow these measures.

### EXERCISE

Regular exercise is one of the important elements in the prevention of deterioration and maintenance of physical, as well as psychological well-being. It reduces factors that contribute to heart disease and thus promotes longevity. Regular exercise can increase oxygen consumption, ventilation capacity, blood flow, and muscle tone. It also has a direct effect upon one's state of emotional stress, general morale, boredom, and general outlook toward life.

### NUTRITION

Nutrition plays a major role in the physical and emotional well-being of the elderly. Eating a healthy diet provides the body with energy, strength, and an increased capacity to resist infection and disease. (Refer to chapter 14 for additional information.)

### PHYSICAL EXAMINATIONS

The elderly need to maintain a relationship with a personal physician and a regular program of physical examinations and disease detection. Regular physical exams can detect any early signs of illness and influence the elderly person's attitude toward health. The exams can also help to boost personal morale and self-esteem. Individuals over 60 should have an exam once a year.

## IMMUNIZATIONS

The elderly should be protected from **infectious diseases** because there is a greater threat of severe illness or mortality among the aged than younger age groups. Certain diseases, such as **diptheria**, **tetanus**, and **influenza** deserve continuous attention. The elderly should be immunized by their personal physician or at a special geriatric clinic instead of at a routine immunization clinic where individuals are handled on a mass basis. A personal physician can take into account the elderly person's needs and tolerances for a vaccine.

The elderly should be protected from the following diseases:

**Diphtheria**
The elderly should be immunized every ten years because this disease is highly contagious if they are exposed to it.

**Tetanus**
Immunization is very important for the elderly who participate in outdoor activities such as gardening. Tetanus has a high mortality rate, especially for those in the 40 and over age group. Booster doses should be given every ten years and immediately after a wound such as a skin puncture from a rusty nail.

**Influenza**
Annual immunization is recommended for the elderly, especially if they have chronic conditions. The elderly should be immunized in advance of any epidemic, usually early in the fall.

## DRUGS

The United States Task Force on prescription drugs reports that the elderly consume 25 to 35% of all the drugs sold in the United States.

The Task Force also reports that the 65-plus population uses more over-the-counter medications than any age group. These drugs are often misused by the elderly and their physicians. Some of these drugs are prescribed for chronic conditions, such as arthritis, diabetes, cardiovascular disorders, and others, such as tranquilizers and sedatives, are used to control the depression, anxiety, and insomnia often seen in old age. Physicians often prescribe too much medication or medications in combinations that create bad reactions in the elderly. The elderly often cannot open the new "childproof" containers or are unable to read labels. Thus, they do not know how much medication to take or are unable to take any.

More and more of the elderly are beginning to swap medications with their friends. They often feel if a medicine works for them, it will also work for a friend. This is extremely dangerous and should always be reported to the person in charge immediately. Instructions for medications should be followed very carefully. Mixing some medications with alcohol or taking too many medications too often can cause serious illness and even death.

The care provider should be aware of all the medications and the amounts of the medications the elderly person is taking. The care provider may often have to remind the elderly person to take medications. Pill boxes are often helpful for the elderly because pills can be placed in the order to be taken and the boxes are easy to open and close. Pharmacists will often replace childproof caps with easier-to-open lids.

The care provider should observe the following guidelines when working for the elderly.

1. The person should always take the amount of drug prescribed by the doctor.
2. Individuals should *never* take drugs prescribed for someone else.
3. Ask for non-childproof containers if it is impossible for the person to open childproof containers.
4. Make sure the elderly person understands the directions listed on the prescription label.
5. Discard medicines with old expiration dates.
6. Call doctor immediately if the elderly person experiences any unusual side effects from any medications.
7. Be careful in mixing food and drugs.
8. Know what precautions to take with specific drugs (stay out of sun, take with liquid, take on empty stomach, avoid alcohol, etc.).
9. Encourage the person to tell the current doctor if another doctor has been visited previously.

10. Encourage the person to tell the doctor about *all* medicines being taken.

The following chart is a sample of the hazardous combinations of drugs with which the elder care provider should be familiar. The care provider can ask a physician or pharmacist for further information on other drug combination hazards.

DRUG COMBINATION HAZARDS

| THIS DRUG | MIXED WITH . . . | CAN CAUSE |
|---|---|---|
| Alka-2, Gelusil, Rolaids, Tums | Tetracyclines | Infections may continue |
| Antacids, Gelusil, Rolaids, Tums | Iron preparations (for anemia) | Anemia may continue |
| Ampicillin | Citrus fruit juices | Reduced absorption, infection may continue |
| Tetracyclines and Mycins | Milk and dairy | Reduced absorption, infection may continue |
| Antidiarrheals (Lomotil) | Barbiturates, sedatives and tranquilizers | Increased drowsiness, sedation or hypnosis |
| Penicillin | Food | Reduced effectiveness (take 1-2 hours before meal or 2 hours after meal) |

## SIGNS OF ILLNESS

When working with the elderly, the elderly care provider needs to recognize the signs of physical or emotional problems as early as possible. The care provider should always be alert to any changes in behavior patterns in the elderly. If helping with hygiene needs, the care provider can use the time to be particularly alert to signs of possible illness or changes in general well-being.

Early detection of an illness is important. Recognizing the signs of an illness early and obtaining needed medical care usually result in a speedier recovery. When evaluating the signs of illness, the care provider should know that a mild symptom, as well as a severe symptom, can precede a serious illness. The care provider must be able to give an accurate description of observations to the appropriate professional.

The following is a guide for key observations that can be made while helping provide personal care for the elderly. There are two kinds of observations: objective and subjective.

**Objective observations** are signs that one can see or changes that are occurring outwardly or physically. Among possible objective observations which indicate possible problems are:

1. Face—dull, indifferent, anxious, tired, expressionless
2. Eyes—unusual movement, sunken, protruding, discharging, puffy, dark circled
3. Eyelids—red, swollen, heavy, or drooping
4. Pupils—dilated, contracted, unequal
5. Nose—discharging, sore, bleeding
6. Lips—pale, blue, dry, cracked, sore
7. Mouth—trembling, twitching, sore
8. Breath—hot and feverish, sour, foul, irregular breathing
9. Tongue—dry, pale, coated
10. Posture—slumping, unsteady
11. Bones—prominent, unpadded
12. Muscles—flabby, loose, tense
13. Position of patient—difficult movement, drawn up knees
14. Condition of abdomen—tender to touch, enlarged
15. Hands—hot, cold, moist, dry, swollen, extremely wrinkled, pale or flushed, red splotches
16. Fingers—clubbed, restless, trembling, or picking at clothes, inactive
17. Feet—shuffling, dragging, motionless
18. Joints—enlarged, swollen, tender, distorted or out of place
19. Circulation—general body swelling, discolored skin
20. Skin—itching, sore, tender, irritated, off-color (blue, yellow, gray, red), sweating
21. Body excretions—lacking control of bowel and bladder, pain, blood
22. Nails—hard, brittle, pale
23. General condition—losing strength, weakness, losing appetite, restless sleep

**Subjective observations** are sensations, feelings or emotions expressed by the client. Among those one might watch for are:

1. Description of pain—sharp, dull, constant, interval, etc.
2. Sensations such as hot, cold, shivering, tingling, prickling, color, odor, touch, pressure, hunger, thirst, appetite, etc.
3. Feelings or emotions such as fear, anxiety, worry, distrust, happiness, faintness, dizziness, spots before the eyes, etc.
4. Loss of function of any senses.
5. Try to determine whether person enjoys visitors, conversation, reading or whether the person easily tires. Watch sleep patterns.

## Points To Remember

- Maintaining good health helps to prevent illness and provides the elderly with fuller and more satisfying lives.
- It becomes more difficult to ward off the effects of disease, accidents, and other stressors as one ages.
- Regular exercise is one of the important elements in the prevention of deterioration and maintenance of physical as well as psychological well-being.
- Nutrition plays a major role in the physical and emotional well-being of the elderly.
- Regular physical exams can detect early signs of illness and influence attitude of elderly persons toward their health.
- The elderly should be protected from certain infectious diseases such as diptheria, tetanus, and influenza.
- The elderly consume 25 to 35% of all the drugs consumed in the United States.
- Recognizing the signs of an illness early and obtaining needed medical care usually results in a speedier recovery.
- Objective observations are signs that you one see or changes that are occurring outwardly or physically.
- Subjective observations are sensations, feelings or emotions expressed by the elderly.

## Words To Know

diptheria
infectious diseases
influenza
objective observations
preventive measures
subjective observations
tetanus

## Questions for Review

1. Why is it important to maintain good health throughout one's life?
2. Name four preventive measures the elderly can engage in to maintain good health.
3. Name three infectious diseases the elderly should be immunized for.
4. List six guidelines the care provider should follow for safe use of medications with the elderly.
5. Why is it important to detect signs of an illness early?
6. List four objective observations the elder care provider might note which would indicate possible problems in the elderly.
7. What are subjective symptoms?
8. Why should the elder care provider be able to recognize various drug combination hazards?
9. How can the care provider encourage an elderly person to follow preventive measures to ward off diseases, accidents, and other stresses?

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# Vital Health Signs

**COMPETENCY TO DEVELOP**

- Determine the care provider's role in monitoring and recording the vital signs of the elderly.

**OBJECTIVES TO ACHIEVE**

- Identify the vital signs.
- Give examples of when to take one's temperature.
- Describe the procedure for taking one's temperature.
- Demonstrate how to read a thermometer.
- List the steps in taking one's pulse.
- Describe the procedure for taking one's respiration count.

One of the elder care provider's many duties is to master the art of accurately taking and recording **temperature**, **pulse**, and **respiration**. The amount of information that needs to be recorded depends upon the needs of the elderly person, requests made by a doctor, nurse, or person in charge, and specific symptoms and situations. Basic information such as date, time of observation, pulse rate, respiration, and temperature are usually recorded on a chart. Any unusual symptoms should also be recorded. The care provider should always initial the chart after making entries.

## VITAL SIGNS

Temperature, pulse, respiration, (TPR) and **blood pressure** (BP) are referred to as **vital signs** and reflect or indicate a change in a person's condition. The vital signs of individuals at home are not checked as often as the vital signs of individuals in a hospital. Those living at home or in a similar atmosphere are usually in a more stable condition. The care provider should be able to **monitor** and record the vital signs regardless of the type of facility employed in.

Temperature is the heat in the body; the balance between the heat produced in the body and the heat lost. The pulse indicates how the heart is beating. Respiration is the process by which the body takes oxygen into the lungs and eliminates carbon dioxide; it is indicated by how often a person breathes in and out and how the breathing sounds. Blood pressure is the amount of effort the heart exerts to circulate the blood. TPR and BP are used for evaluating an individual's condition by:

1. obtaining knowledge of the individual's physical condition.

2. keeping a continuous record for use in determining the course of one individual's illness.

3. aiding the doctor in making a diagnosis of the individual's illness.

4. aiding the doctor in determining treatment for the individual.

When monitoring and recording an individual's vital signs, it is important that the care provider:.

1. act with care.

2. be accurate.

3. record information immediately.

4. write legibly and understandably.

5. report sudden, abnormal changes immediately.

If in doubt, the care provider should always report a change in vital signs. Reporting an unnecessary reading is far better than failing to report a necessary reading which might affect the recovery of the person.

## TEMPERATURE

There are three methods of taking the temperature: oral, rectal, and armpit. An individual's age and illness will determine which method is most suitable. The oral method is the most common, the rectal method is most accurate and the armpit is the least accurate. Although a person may be ill without having fever, fever is usually a sign of illness. Certain symptoms, observed or expressed by the elderly, indicate that temperature should be taken. Some of these symptoms include:

flushed face or any skin rash
hot, dry skin
excessive thirst
rapid pulse
headache
aching in joints or over entire body
nausea or vomiting
diarrhea or constipation
pain
cough or respiratory distress

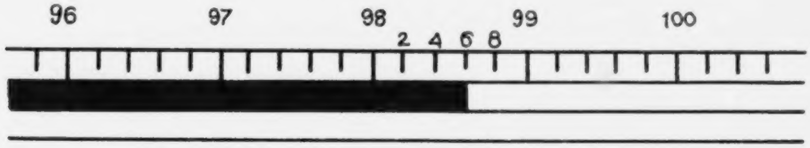
If the temperature is over the normal ranges of body temperature (98.6° F to 99° F, oral; 98.6° F to 100° F, rectal; and 96.6° F to 98° F, armpit, one should seek medical help.

Since extremes of temperature range can be dangerous, it is important to learn procedures to counteract them. Cool sponges, bed rest and forcing fluids may be useful to reduce fever. Subnormal temperatures require a warm environment, rest, and warm drinks.

## PROCEDURE FOR TAKING TEMPERATURE

The care provider should know how to use and to read a standard or digital thermometer. The following steps should be followed when taking the temperature.

1. Gather supplies:
    a. thermometer in container
    b. container of cool, clean water (too warm a temperature will break the thermometer)
    c. soap
    d. cotton balls or other wipes
2. Wash hands well.
3. Clean the thermometer:
    a. use soap and water on a clean cotton ball or other wipe.
    b. use a firm rotary motion from stem to bulb and immediately discard cotton or wipe as this may spread germs back onto thermometer.
    c. rinse with clean damp wipe/cotton ball following procedure described in step b.
    d. repeat steps a., b., c., rinsing thoroughly.
4. Hold thermometer firmly at the top of stem with your thumb and first two fingers. Shake the thermometer by snapping your arm and wrist down as if you were shaking water off your hand. Shake thermometer down to below 95° Farenheit.
5. Place in mouth under tongue, anus, or armpit (use lubricating jelly on a rectal thermometer to protect against breakage).
6. Leave thermometer in place for 3 to 5 minutes (ten minutes in armpit), then remove the thermometer, wiping dry with a dry cotton ball in a rotary motion toward the bulb.
7. Turn the stem of the thermometer until you see the mercury column or the digital reading.



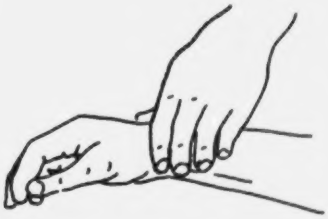
8. Read temperature recording on thermometer and write it down.
9. Wash and rinse thermometer carefully as in Step 3.
10. Replace thermometer in its case or container. If using a glass for container, put cotton ball in the bottom to protect the bulb.
11. Wash your hands.

## PULSE

Pulse is the rise and fall of arterial blood as it is forced through the arteries by the contraction of the left ventricle (lower heart chamber). It serves as an indicator of the frequency of the heartbeat. Pulse is present in all arteries but can be felt best in the radial artery (inner wrist behind the thumb). The pulse can also be felt on the sides of the neck, the lower jawbone, in front of the ear, and near the groin. The average pulse rate is between 72 and 80 beats per minute. Outside forces that may increase pulse beats are exercise, posture, eating, emotions, and stimulants. Rest can slow the pulse rate, which is the reason for frequent rest for persons with heart problems. Some medications may affect heart action. For this reason, the care provider should be aware of any and all the elderly person's medications.

For accuracy, the pulse should be counted for a full minute using a watch with a second hand. Another observation about the pulse that you should record is the strength of the beat. Some terms you might use are "weak," "strong," "thready," "irregular," "fluttering," etc.

The elder care provider should follow the steps listed below when taking the pulse:

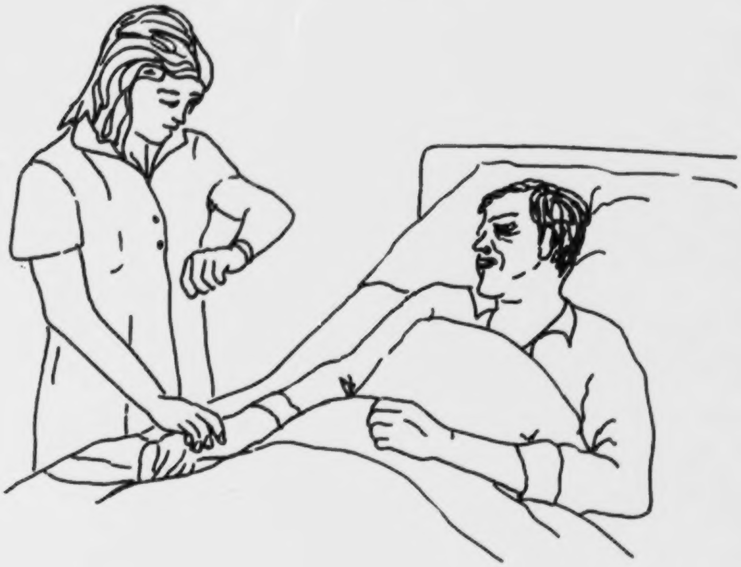


1. Place your finger on radial artery (inner wrist behind thumb).
2. Count the rate of pulse for a full minute using a watch with a second hand.
3. Record the pulse rate and any other observations.

## RESPIRATION

Respiration is the process by which air is inhaled or exhaled. The respiration rate is counted per minute. Adults normally breathe at a rate from 10 to 20 times per minute. Elderly persons generally breathe more slowly. Chronic respiratory diseases, such as emphysema, are fairly common in elderly persons along with respiratory problems resulting from poor circulation. Fever, emotions, exercise, and overeating may increase the rate of respiration. Unusual variations should be recorded along with skin color.

Because the rate of breathing can be controlled somewhat by each person, the count should be taken when they are unaware that the rate of breathing is being counted. The rate of respiration might be counted before or after taking the pulse, while your fingers are on the client's wrist. Be sure to observe and record any unusual symptoms such as difficult or painful breathing.



The care provider should follow the steps listed below when taking respiration count:

1. Hold the individual's wrist as if you are monitoring the pulse.

2. Begin counting the individual's respiration (one rise and one fall count as one respiration) by noting the position of the second hand on the watch when the chest rises as the individual breathes in. Continue counting as the chest rises for a full minute to get the number of respirations to record. You can also count the individual's respiration for 30 seconds. Multiply the number you counted by two to get the respirations per minute to record.

3. Record the rate and any unusual observations.

## BLOOD PRESSURE

Blood pressure indicates the amount of pressure or force exerted against the walls of the arteries by the blood. Only a professional should measure and record blood pressure. A nurse or the person in charge should take the elderly person's blood pressure periodically. The care provider may assist, but should *never* attempt to take the blood pressure alone.

## Points To Remember

- Temperature, pulse, respiration, and blood pressure (TPR & BP) are referred to as vital signs and reflect or indicate a change in a person's condition.
- Temperature is the heat in the body; the balance between the heat produced in the body and the heat lost.
- Pulse is the rise and fall of arterial blood as it is forced through the arteries by the contraction of the left ventricle.
- The pulse indicates how the heart is functioning and how fast the heart is beating.
- Respiration is the process by which the body takes oxygen into the lungs and eliminates carbon dioxide; it is indicated by how often a person breathes in and out and how the breathing sounds.
- Blood pressure is the amount of effort the heart exerts to circulate the blood.
- There are three methods of taking the temperature, oral, rectal, and armpit.
- Symptoms such as flushed face, excessive thirst, rapid pulse, headache, etc. indicate that temperature should be taken.
- Only a professional should measure and record blood pressure.

## Words To Know

blood pressure
monitor
pulse
respiration
temperature
vital signs

## Questions for Review

1. Name the four "vital signs" described in the chapter.
2. Why is it necessary to monitor the "vital signs" of the elderly?
3. How are TPR and BP used to evaluate an elderly person's condition?
4. What are four things the care provider should do when monitoring and recording on elderly person's "vital signs"?
5. What are five symptoms that indicate that one's temperature should be taken?
6. What is a safe temperature reading for each of the three methods, oral, rectal?
7. List the steps to be followed when taking an elderly person's temperature.

[redacted]

8. What does pulse indicate?
9. Name four areas of the body where the pulse can be felt.
10. Who should never attempt to take the blood pressure alone?

# 24

# First Aid

**COMPETENCY TO DEVELOP**

- Explain first aid procedures for assisting the elderly with emergencies.

**OBJECTIVES TO ACHIEVE**

- Describe simple first aid principles.
- Give examples of common first aid supplies.
- Demonstrate an ability to apply first aid procedures in an accident situation.
- Identify community resources for assistance in emergencies.

An accident is an unplanned act resulting in injury or death to persons and/or damage to property. Unsafe behavior and/or unsafe environments contribute to most accidents or emergencies in the home. Most accidents can and should be prevented.

## FIRST AID PRINCIPLES

When working in services for the elderly, emergencies will occur especially in a private home situation. It is important for the elder care provider to know what to do, as well as what **not** to do. The first aid principles below will help the care provider meet home emergency needs of the elderly.

1. LOOK OVER THE SITUATION.
   - Is the emergency or injury minor or major?
   - Does the emergency or injury require immediate medical attention?
   - Can the situation be remedied with first aid at home?
2. CHECK THE ELDERLY PERSON.
   - Determine the extent of the injury, if possible.
   - If the elderly person is conscious, ask for a description of any pain or injury that may not be visible.

3. MAKE THE ELDERLY PERSON COMFORTABLE.

   - If the elderly person is seriously hurt, try not to move the patient until medical assistance arrives.
   - If needed, gather blankets to cover the person.
   - Try to keep the elderly person as calm as possible.

4. GIVE THE NECESSARY FIRST AID TREATMENT.

   - Give first aid if the person does not require professional medical attention.
   - Give first aid if the help is needed before medical help arrives.

5. CALL FOR MEDICAL ASSISTANCE

   - If necessary, phone the ambulance, paramedics, or fire department.
   - If medical attention is required but assistance is not needed at the scene of the emergency, take the elderly person to the hospital emergency room or nearest urgent care center and contact the adult responsible for the elderly person.

## FIRST AID SUPPLIES

When home emergencies occur, first aid supplies are often needed immediately. First aid supplies should be stored together out of the reach of children, secured in a cabinet or box, and easy to locate. First aid supplies kept in the home for minor ailments or emergencies should include most of the following:

- Antacid and sodium bicarbonate—for stomach acidity, heartburn, or indigestion.
- Antidiarrheal remedy—for diarrhea.
- Aromatic spirits of ammonia—for quick revival for faintness.
- Aspirin and acetaminophen—to relieve headaches and pain.
- Calamine lotion—for poison ivy, prickly heat, itching, skin rashes, and insect bites.
- Decongestant—for relief of cold symptoms.
- Epsom salts—for foot baths and hot compresses.
- Iodine or a mercury antiseptic—to clean minor wounds.
- Mineral oil—for minor burns and lubrication.
- Petroleum jelly—for minor irritations and lubrication.

- Syrup of Ipecac—to bring on vomiting if **poison** is swallowed.

Other items for first aid and the sick room should include:

- Band-Aids
- 1-inch and 2-inch roller bandages
- Gauze pads, two inches square
- Adhesive tape
- Scissors
- Elastic bandage, three inches wide
- Tweezers
- Hot water bottle
- Thermometer
- Cold steam vaporizer
- A first aid manual

Home first aid supplies will vary according to the needs of the elderly. Some people will keep all of the items listed above in their first aid supplies, while others will keep more and others less.

## EMERGENCY PHONE NUMBERS

Perhaps the most important item needed in the medicine cabinet is a list of phone numbers: doctor, hospital, emergency room, ambulance, police department, fire department, and poison control center. It is also important to keep this list of numbers by each telephone in the home.

| In Case of Emergency Call | |
|---|---|
| Doctor | |
| Hospital | |
| Ambulance Service | |
| Police Department | |
| Fire Department | |
| Poison Control Center | |
| Relatives to contact in an emergency | |

**National Poison Center Network**, call the information operator for this number. The network is open 24 hours a day and gives information about first aid for poison victims. They will give you the address of the nearest Poison Control Center and call the center to alert personnel.

The **emergency medical system (EMS)** is an effective source of getting help when an emergency occurs. The EMS consists of an entry system, a response system, and a medical receiving system. Many parts of the country have a 911 EMS system. Under the 911 EMS system, an emergency is reported by calling 911. The call goes to a dispatcher who forwards the request for help to the nearest hospital, police or fire station. Some of the 911 systems have selective call routing in which a computer switches the call to the nearest service. Without the 911 EMS system, it may be necessary to dial separate seven-digit emergency numbers.

It is important that the elder care provider accurately provide the necessary information when making an emergency call. Remember the word **LIFE**. Each letter of this key word stands for information needed when making an emergency call:

L—Location of emergency.
I—Injuries which have occurred and number of people injured.
F—First aid that already has been given.
E—Equipment circumstances which alert the person receiving the call to the system needed. Example: a pacemaker failure would require special electronic equipment.

In any accident situation, follow these general first aid guidelines:

- Keep calm.
- Check for breathing and bleeding problems.
- Do not move the injured unless necessary.
- Call for medical help.
- Keep the injured quiet and comfortable.

Apply first aid as needed until medical help arrives. **Burns**, **wounds**, **fainting**, **choking**, and **shock** are common first aid situations the elder care provider may encounter on the job. First aid procedures to follow for each of these situations are given below. Methods for treating poisoning are also given.

## BURNS

Avoid removing clothing that is stuck to burned areas, but when possible, remove clothing from the burned area before it is treated. Medicine or ointment should not be applied to burns except when ordered by a doctor. Blisters should not be broken. The three types of burns and recommended first aid for each are listed in the chart below.

| Type | Description | First Aid |
|---|---|---|
| **First degree** (1°) | Skin reddened but unbroken. | Place under cold water. |
| **Second degree** (2°) | Skin reddened, blisters formed. | Place under cold water. Cover with a dry, sterile dressing. |
| **Third degree** (3°) | Skin partially destroyed; charring present. | Cover entire area with a dry, sterile dressing. |

A doctor or other medical personnel should be contacted if a burn occurs.

## WOUNDS

**Abrasions**, **incisions**, **lacerations**, and **punctures** are types of wounds. When cleansing a wound, wash toward the outside of the wound rather than toward the inside of the wound. Elevate a wounded leg or arm to help control bleeding. Do not give fluids by mouth to persons with chest or abdominal wounds except when ordered by a doctor. Be sure that puncture wounds bleed. Bleeding helps wash out germs from inside a puncture wound. The chart below describes the different types of wound and lists some general guidelines for treating.

| Type | Description | First Aid |
|---|---|---|
| Abrasions | Skin rubbed or scraped against a hard or rough surface. | Wounds may be minor or major. For minor wounds, cleanse the wound thoroughly and cover with a dry, sterile dressing. For major wounds control bleeding by applying a pressure dressing directly over the wound and secure the dressing firmly in place. |
| Incisions | Skin cut by sharp objects such as razor blades, knives, glass, or can openers. | |
| Lacerations | Skin torn jagged and irregular by machinery hand tools, and saws. | Same treatment as for abrasions and incisions. |
| Punctures | Skin penetrated by nails, knives, needles or other sharp objects | For puncture wounds, apply pressure to the surrounding flesh to encourage bleeding. Then cleanse again and apply dressing. |

A doctor or other medical personnel should be contacted if wounds are major.

## FAINTING

Fainting is caused when there is too little circulation of blood to the brain. Because the causes of fainting vary, the care provider should contact the elderly person's doctor. Fainting may be triggered by hunger, fatigue, standing too long, giving a blood sample, viewing an injury, or a powerful emotion such as fear. The signs which indicate fainting include: a feeling of light-headedness, dizziness, or weakness; cold, moist, and pale skin; profuse perspiration; and often, nausea and vomiting.

The person who feels faint should sit down, lean forward, and lower the head between the knees, or lie down, if possible. Recovery occurs rapidly as gravity brings an increased blood supply to the head. Cover the person to maintain body heat, but do not overheat. Bathe the person's face with cool water. If available, smelling salts or spirits of ammonia can be used. The person should rest for at least 10 minutes or fainting might recur. Injury resulting from falling is one danger of fainting.

## SHOCK

Shock is the disturbance of body functions resulting from circulatory failure and is commonly associated with injury. An injured person should be treated for shock as a precautionary measure even if no symptoms of shock are evident. The signs which indicate shock include: pale, moist, and cool skin; weak and rapid pulse; shallow and irregular breathing; vacant, dazed eyes with dilated pupils; weakness, confused attitude; excessive thirst; nauseous feeling with or without vomiting; and sometimes, unconsciousness. Unless absolutely necessary, the person in shock should not be moved before medical assistance arrives. Cover the person to maintain body heat, but do not overheat. The person should be kept lying down. If there are no chest injuries, no breathing difficulties, and no pain from being elevated, elevate the feet about 10 inches. If there are head or chest injuries, breathing difficulties, or pain when legs are elevated, raise the person's head and chest eight to ten inches. Keep the person lying flat when in doubt. Place person on side if unconscious.

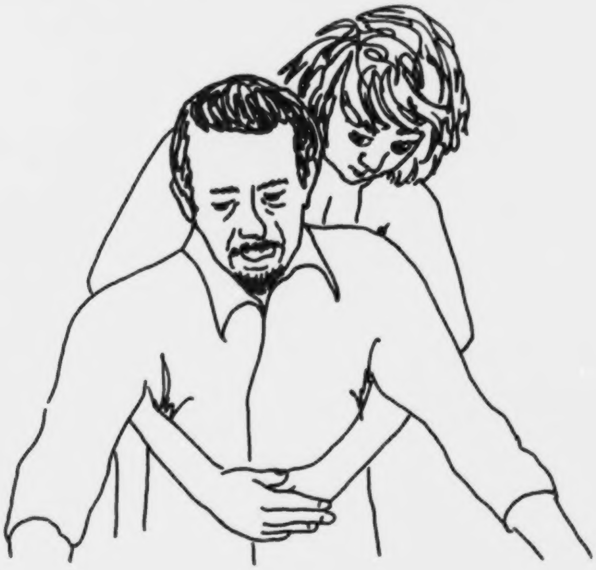
## CHOKING

Occassionally, a person will choke while eating food or drinking a beverage. Choking occurs when a foreign object lodges in a person's throat and prevents breathing. When choking occurs, the person cannot speak and may not be able to move. The choking victim may be unable to alert anyone to what is happening. Without help, the person will die in only a few minutes.

Prevention of choking involves knowing the elderly person's ability to thoroughly chew and properly swallow foods in the diet. It is recommended that an elder care provider enroll in and receive certification/recertification in a course which offers instruction in **Cardiopulmonary Resuscitation (CPR)** and the **Heimlich Maneuver**. Some groups that offer such training include the American Red Cross and the American Heart Association. If a person is choking, act quickly. To be certain that the person is choking rather than having a heart attack, ask the person a question like, "Do you need some help?" The person who is choking will **not** be able to answer aloud. The heart attack victim will be able to answer aloud.

If it is certain that the person is choking, perform the Heimlich Maneuver immediately. The Heimlich Maneuver is a method used to force out the object blocking a choking person's airway by using air still in the victim's lungs. To perform the Heimlich Maneuver, the elder care provider should:

- Stand behind the victim and put arms around the victim's waist.
- Make a fist with one hand. Place the thumb side of the fist on the victim's abdomen between the navel and the breastbone. *Do not* place on breastbone.
- Place the other hand on the fist and press on the victim's abdomen with an upward thrust.
- Repeat if needed. If the object has entered the windpipe or the tubes leading to the lungs, coughing occurs. In this case, removal by a specialist is required.



## POISONS

If poison is ingested, the elder care provider should read the label on the product for first aid measures to follow. If no instructions are provided, follow the methods given below.

For ingestion of strong acids or alkalis such as oven cleaner, drain cleaner, toliet bowl cleaners, lye products, ammonia products, and dishwasher detergents have the person drink milk or water in large quantities and seek medical advice. Do not give vinegar, citrus juice or oils as they can make the condition worse.

For ingestion of methanol and related products such as antifreeze, windshield-washer liquid, shoe dyes, shoe polish, and paint remover, use syrup of Ipecac (emetic, which induces vomiting). If syrup of Ipecac is not available, give water and try to make individual vomit by gently tickling back of throat with a spoon. The person should be placed in a spanking position when vomiting begins.

## COMMUNITY RESOURCES FOR EMERGENCY ASSISTANCE

Poison Control

1. **National Poison Control Center** This agency is concerned with the development and dissemination of new or improved treatment methods for poisoning. For further information, contact:

   National Poison Control Center
   5401 Westbard Avenue
   Washington, D.C. 20207

   Phone 421/681-6669

2. **American Association of Poison Control Centers**

This organization is concerned with the promotion and encouragement of developing more effective methods for the prevention and treatment of poisoning, and the exchange of this information with other centers and groups. For additional information contact:

American Association of Poison Control Centers
c/o Academy of Medicine of Cleveland
Poison Information Center
10525 Carnegie Avenue
Cleveland, Ohio 44106

Phone 216/231-3500

Note: These addresses and phone numbers may change. Please consult the local poison center if letters are returned or these numbers are no longer in service.

### Points To Remember

- Unsafe behavior and/or unsafe environments contribute to most accidents or emergencies in the home.
- First aid principles should be followed carefully to help meet home emergency needs of the elderly.
- First aid supplies should be stored together out of the reach of children, secured in a cabinet or box, and easy to locate.
- The National Poison Center Network is open 24 hours a day and gives information about first aid for poison victims.

- The emergency medical (EMS) is an effective source of getting help when an emergency occurs.
- Burns, wounds, fainting, choking, shock, and poisoning are common first aid situations the elder care provider may encounter on the job.
- Medicine or ointment should **not** be applied to burns except when ordered by a doctor and blisters should never be broken.
- Abrasions, incisions, lacerations, and punctures are types of wounds.
- Fainting is caused when there is too little circulation of blood to the brain.
- Choking occurs when a foreign object lodges in a person's throat and prevents breathing.
- The Heimlich Maneuver is a method used to force out the object blocking a person's airway by using air still in the victim's lungs.
- Shock is the disturbance of body functions resulting from circulatory failure and is commonly associated with injury.
- If poison is ingested, follow the first aid measures provided on the product or container label.

## Words To Know

abrasion
American Association of Poison Control Centers
burns
Cardiopulmonary Resuscitation (CPR)
choking
Emergency Medical System (EMS)
fainting
first degree burn
Heimlich Maneuver
incision
laceration
LIFE
National Poison Center Network
National Poison Control Center
poison
puncture
second degree burn
shock
third degree burn
wounds

## Questions for Review

1. What are the five first aid principles the care provider should follow to help meet home emergency needs of the elderly?

2. How and where should first aid supplies be stored?
3. What is the most important item needed in a medicine cabinet?
4. What is the emergency medical system (EMS)?
5. How can the elder care provider accurately provide the necessary information when making an emergency call?
6. What are the recommended treatments for the three types of burns described in the chapter?
7. How do the four types of wounds described in the chapter differ from one another?
8. What are some of the possible causes of fainting?
9. List the steps in performing the Heimlich Maneuver.
10. What are five signs which indicate shock?

# 25

# Terminal Illness

**COMPETENCIES TO DEVELOP**

- Determine the role of the care provider in caring for terminally ill persons.
- Analyze the feelings and needs of the terminally ill, their families and friends.

**OBJECTIVES TO ACHIEVE**

- List positive ways of caring for the terminally ill.
- Identify the needs of a terminally ill individual.
- Identify the needs of the family of a terminally ill individual.
- Explain the stages of grief that most terminally ill individuals experience.
- Explain the steps of grief that most family members and friends experience after the death of a loved one.

The elder care provider may be working with an elderly person who becomes quite ill. Often the individual will become well and stronger but sometimes little progress will be made. The person may be diagnosed as **terminally ill** and death may occur. The care provider must be aware of the feelings the terminally ill individual is experiencing and the feelings of the family members at this time.

## CARING FOR THE TERMINALLY ILL

Many illnesses cause death and are referred to as terminal. A long-term illness can occur during any stage of the life cycle. Very young family members are as vulnerable as older family members. The following guidelines will aid the care provider in caring for a terminally ill individual.

- Help terminally ill individuals maintain their self-esteem by encouraging self-help.
- Respect the ill person as an individual who has the same desires and needs as others.
- Support the ill family member with love and kindness.

- Help the individual learn to live with a prolonged convalescence.
- Encourage the individual to use remaining abilities when handicapped in some area.
- Avoid showing impatience when the convalescing or ill individual is slow in doing something.
- Avoid being callous to the suffering of the ill individual (insensitive, indifferent, or unsympathetic).
- Avoid being overprotective of the ill individual.
- Be flexible and creative in managing the care schedule of the ill family member.
- Be firm with the ill individual when it is necessary.

The elder care provider can increase **empathy** and consideration by using communication skills. What is said and what is done are important. The elder care provider will be involved as a giver and receiver. The care provider must be aware of the individual's feelings, needs, and desire for control over their life choices. Never be too busy to smile, talk, hold a hand or even cry with a person. The environment is important. Privacy, quiet surroundings and personal consideration are important. At times, the person may need to be alone.

## EMOTIONAL NEEDS OF THE TERMINALLY ILL

An elderly person that is dying is still a living person and has the same needs as a healthy individual. Some of these needs include:

1. **safety and security**—to know they will be cared for up until the moment of death.
2. **recreation**—a way to pass the time such as watching television, reading, playing cards, talking to loved ones.
3. **normal**—to know their thoughts and feelings are shared by others in their situation.
4. **meaningful relationships**—to be able to talk with friends and family on a meaningful level.
5. **love**—to feel that they are loved and/or are the object of someone's love.

## COMMUNICATING WITH THE TERMINALLY ILL

An elderly person may react in different ways when faced with dying. Reactions may include the following:

1. Asking everyone about personal chances for recovery.

2. Asking a lot of questions.

3. Constantly complaining.

4. Making requests that seem unreasonable.

5. Being afraid to be alone and wanting attention from the elder care provider.

Asking many questions of the elder care provider is usually a signal that the elderly person wants more information. The elder care provider will often lack the information needed to answer some questions. The elder care provider should have the person in charge supply the information to the elderly person's questions which are unanswered.

The following guidelines should be used by the elder care provider when talking with an elderly person who is terminally ill:

1. **Be honest**. If the care provider cannot answer questions, the care provider should be honest and say so. The elderly person probably does not expect the care provider to be able to answer every question anyway.

2. **Do not say too much**. It is often better for the care provider to show concern for the terminally ill by giving a caring look, or a nod, or a word at the right time rather than constant conversation.

3. **Do not provide false hope or reassurance**. The elder care provider should offer short-term realistic goals or say nothing to the terminally ill individual rather than offer false hopes.

4. **Do not destroy hope**. An individual that has hope often lives longer than a person who does not. The care provider should not destroy the elderly person's hope.

## FAMILY NEEDS

The family members of the terminally ill individual also have several needs during this time which must be met. In some situations the needs of the family may be even greater than those of the terminally ill individual. The care provider should follow the guidelines below to ensure that the needs of the family are met.

1. Provide for the family's wishes for privacy.

2. Let the family spend as much time with the terminally ill individual as possible. (The care provider must follow doctor's orders or the rules of the care facility).

3. Provide emotional support to family members and encourage them to continue to visit the terminally ill person.

4. Relay any questions to the supervisor or the person in charge so the family's concerns can be discussed.

5. Maintain a concerned attitude toward the terminally ill individual and the family members. Being quietly thoughtful of the comfort of others and willing to help will show that the care provider is understanding and concerned for the entire family.

## STAGES OF GRIEF

From the time an elderly person learns that he or she is suffering from a terminal illness until dying, the individual goes through five **stages of grief**. These five stages, their purposes, and their characteristics are described in the chart below. It is important for the care provider to understand and to be aware of the feelings experienced by the terminally ill individual.

STAGES OF GRIEF BY THE PATIENT

| STAGES | PURPOSE | CHARACTERISTICS |
|---|---|---|
| 1. Denial and isolation | Functions as a cushion to the blow of the news that the patient is terminally ill. Functions as a time delay so the patient has time to think about his/her situation and time to substitute other less extreme behaviors or defenses. | Temporary shock. Patients strongly deny the reality of their illnesses. Often want to be alone; does not want anyone to help them do anything. "No, not me" is a typical reaction when patients learn they are terminally ill. |
| 2. Anger | Functions as an emotional outburst for the patient to cope with emotional stress. A venting of tension similar to a child's temper tantrum or another person's strenuous exercise to vent feelings and to alleviate stress. | Rage, hostility, and anger directed at anyone. Patients ask what they have done to deserve such an illness. "Why me?" may be an anger reaction. |
| 3. Bargaining | Agreement in hopes that the inevitable end may be delayed. Helps to give the patient hope and will power. Usually a bargain made with a higher being. | The bargain is kept a secret; it is mentioned only between the lines in conversation with others. The bargain might be mentioned only to a chaplain. "Yes me, but. . ." may be the bargaining reaction. |
| 4. Depression | To cope with the losses the person has had to deal with or will have to deal with. Elicits needed sympathy. A step in the direction of total acceptance. | Talks about loss of job, finances, use of limbs or other physical functions, and weight. Talks about the eventual loss of family, friends, and belongings. Begins to accept the inevitability of death. "Yes, me." |

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| | | |
|---|---|---|
| 5. Acceptance | To accept death as real. Resolve conflict between wanting to live and knowing that death is at hand. Preparation stage for death. Other stages have been resolved if the patient has had enough time and has been given help in working through them. | Usually tired, weak. Void of feelings, circle of interest narrows. No longer talkative to visitors and other people. Not necessarily happy, but at peace. "My time is very close now and it's all right." |

## THE GRIEF PROCESS FOR FAMILY AND FRIENDS

Family and friends usually experience several stages of grief after the death of a loved one. Some of the stages are very similar to the stages of grief experienced by terminally ill patients.

The stages of grief as set forth by Granger Westberg in his book entitled *Good Grief* are listed below.[1] Westberg gives these guidelines for understanding these stages:

- A person may be involved simultaneously in more than one stage.
- Grieving is not necessarily an orderly process.
- Probably not everyone goes through all of the stages; however in general, experiencing most stages is necessary for complete adjustment.

## STAGES OF GRIEF

1. Shock/disbelief
    - May last a few hours or days.
    - Is a temporary retreat from what has happened.
    - Has a mercifully numbing effect.
2. Emotional release
    - Usually crying, sometimes hysterical crying.
3. Depression/loneliness
    - Sense of alienation, maybe even from God.
4. Symptoms of physical distress
    - Muscular system may seem weak, sense of strength drained.
    - Digestive problems (more prone to infections and illnesses).
    - Cardiovascular system changes; high blood pressure, rapid heart beat, changes in body temperature.

5. Panic

   - Can't think of what to do, has disbelief again.
   - Feels that it could not have happened.

6. Guilt feelings

   - Characterized by wishful thinking, regret, about what was or was not done.
   - Expressed in terms of anger toward others.

7. Hostility and resentment

   - Directed toward hospitals, doctors who were involved with the deceased, or against friends who have not so acutely experienced the loss.

8. Inability to return to usual activities

   - Everything seems difficult and impossible.
   - Grieving person wonders if life is worth it.

9. **Reconciliation**

   - A very positive step.
   - Grieving person begins to adjust, adapt.

10. Struggle to adjust to reality

    - Acknowledges that death has happened, but that the grieving person is still living.
    - Seeks substitutions, not as a replacement in the sense that deceased never existed, but rather, in an effort to develop new relationships.
    - Does not mean that bereaved person becomes "same old self" again.

## Points To Remember

- Many illnesses cause death and are referred to as terminal.
- An elderly person that is terminally ill is still a living person and has the same needs as a healthy individual.
- An elderly person may react in different ways when faced with dying by asking a lot of questions, making unreasonable requests, or being afraid to be alone.
- When talking with an elderly person who is terminally ill, the care provider should be honest, not talk too much, not provide false hope or reassurance and not destroy hope.

- In some situations, the needs of the family may be even greater than those of the terminally ill individual.
- When individuals learn they are suffering from a terminal illness until their deaths, they go through five stages of grief: denial and isolation, anger, bargaining, depression, and acceptance.
- Family and friends usually experience several stages of grief after the death of a loved one. Some of the stages are very similar to the stages of grief experienced by terminally ill individuals.
- The grief process for family and friends includes: shock/disbelief, emotional release, depression/loneliness, symptoms of physical distress, panic, guilt feelings, hostility and resentment, inability to return to usual activities, reconciliation, and a struggle to adjust to reality.

## Words To Know

empathy
reconciliation
stages of grief
terminally ill

## Questions for Review

1. What is a terminal illness?
2. List five guidelines the care provider should follow when caring for a terminally ill person.
3. Why is it important for the care provider to be aware of the terminally ill person's feelings and needs?
4. What are the emotional needs of a terminally ill person?
5. List the communication skills the elder care provider should use when talking with a terminally ill person.
6. How might a terminally ill person react when faced with dying?
7. What guidelines should be used when talking with a person who is dying?
8. How can the needs of the terminally ill person's family be met?
9. What are the five steps of grief the terminally ill person goes through?
10. What are the stages of grief most family and friends go through after the death of a loved one?

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# 26

# Body Mechanics

### COMPETENCIES TO DEVELOP

- Point out the rules of body mechanics to be used when working with elderly.
- Describe the correct procedures to be used when repositioning bedridden elderly.

### OBJECTIVES TO ACHIEVE

- Describe the basic rules of body mechanics the care provider should follow when working with the elderly.
- Explain the goals which are achieved by using good body mechanics.
- Identify the correct procedures for repositioning an elderly person.

In order to effectively care for the elderly, the elder care provider must understand the basic principles of **body mechanics** and the principles of **body positioning**. If the elder care provider is working with a bedridden person, effective body positioning is most important. For his or her own safety and well-being, the elder care provider needs to practice effective body mechanics when repositioning an elderly person.

## BODY MECHANICS

### PRINCIPLES OF BODY MECHANICS

The elder care provider skilled in good body mechanics can help the elderly by showing them ways to walk, sit, and turn in bed. The use of good body mechanics can reduce fatigue and improve body functions. Use of proper body mechanics provides for safe and effective work methods in doing tasks. Poor posture is caused by indifference, poor habits of work and carelessness. When you need to lift or do a task near the floor, kneel instead of bending from the waist and use leg and arm muscles. Work in the general direction of the movement. Avoid twisting. Pivot on feet, turn with short steps, using your whole body. Avoid lifting. If you are moving heavy objects it is better to push, roll or slide them. This allows you to use leverage and motion to best advantage. Protect the natural spring of the spinal column.

## BASIC RULES OF BODY MECHANICS

1. The body's base of support can affect body balance. A broader base with feet slightly apart, or apart with one slightly ahead, provides better balance.

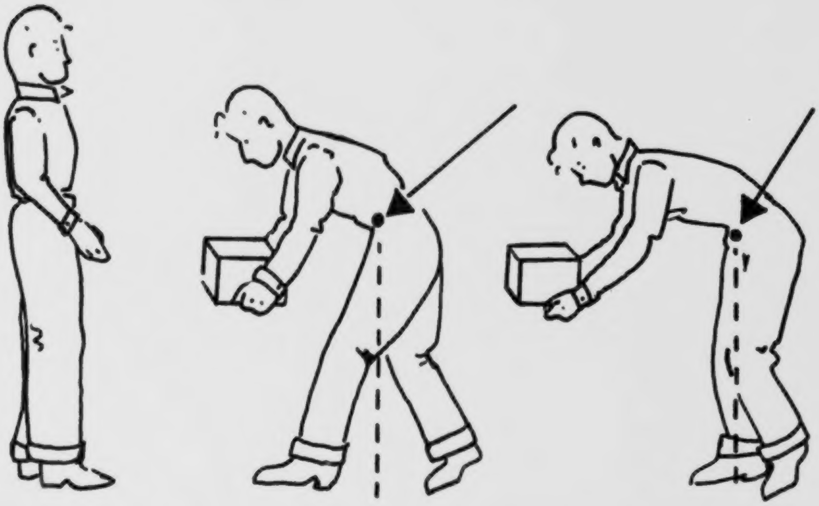
2. The lining up of the body segments **(alignment)** is important.

3. Proper walking habits reduce fatigue and stress.

4. Stooping with proper body alignment prevents fatigue.

5. Proper body alignment in sitting reduces muscle strain and provides proper circulation in thigh blood vessels.

6. The body works as a coordinated unit. Use as little energy as possible when moving, carrying, or lifting heavy objects.

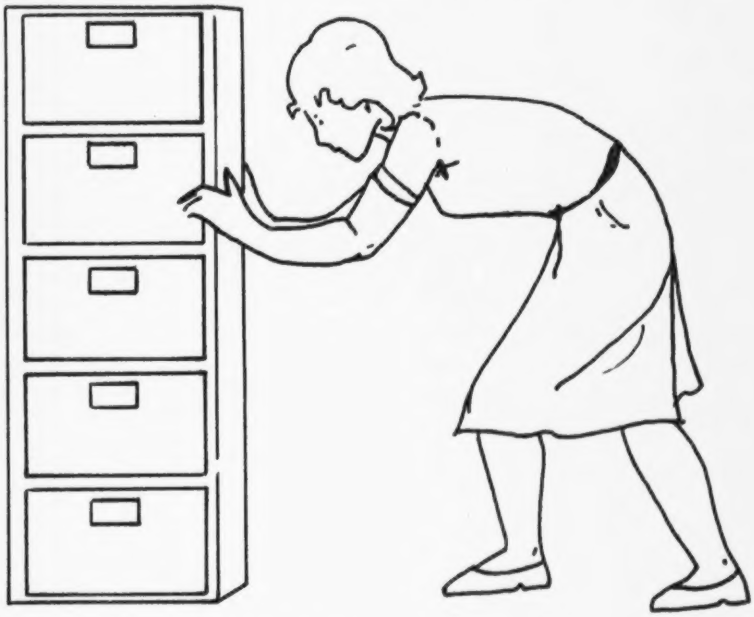


## METHODS OF BODY MECHANICS

1. Correct lifting technique
   a. squat close to load
   b. keep back as straight as possible
   c. grip object firmly
   d. hold load as close to body as possible
   e. lift by pushing up with strong leg muscles
2. Correct technique for moving heavy object
   a. bend your knees
   b. place hands at center or heaviest part of object to be moved

c. give a strong push with leverage of legs added to arm muscles

d. use the large, strong muscles of the leg to move heavy objects



## GOALS ACHIEVED BY GOOD BODY MECHANICS

1. To save time:
   a. omit unnecessary tasks and motions
   b. know the task from beginning to end
   c. plan steps in order (avoid undoing and redoing)
   d. use rhythmic motions when possible
2. To reduce chance of fatigue and physical damage:
   a. allow good working positions for all tasks
   b. plan for effort of gravity and leverage
   c. use easy motions
   d. avoid stress on lower back
   e. avoid too many things at one time
3. To increase satisfaction and enjoyment:
   a. overcome dislike for tasks that must be done
   b. plan length of work period

c. consider your preferred level of activity

# BODY POSITIONING

## PRINCIPLES OF BODY POSITIONING

Effective positioning of a bedridden individual is important. Frequent **repositioning** helps in preventing the formation of bedsores, provides exercise, prevents muscle deformities from lying in one position too long, and increases circulation. The comfort of the individual is often directly related to body position.

For her or his own safety and well-being, the elderly care provider needs to practice effective body mechanics when repositioning the person. If correct body mechanics are used, the person can be repositioned with less effort, less strain and less risk of injury to the elder care provider.

Elderly persons should be encouraged to help themselves as much as is physically possible. This effort in self-help will provide the exercise needed to assist in keeping the muscles in better condition and enhance self-confidence. If individuals need help, the care provider should give it, keeping physical limitations in mind. If care providers are not physically capable, they should get assistance. When repositioning a person, as many of the large muscles as possible should be used to distribute the effort. Care providers can safely reposition an individual if they can keep their back straight and bend with their hips and knees.

The muscles of the legs should be used as the main force and not the muscles of the back. Back bending is backbreaking. Also, the correct use of body weight can reduce the amount of effort and strain required to move a bedridden person. Substitute leg muscles for back muscles.

## PROCEDURES FOR BODY POSITIONING

1. Moving to near side of bed:

   a. loosen covers

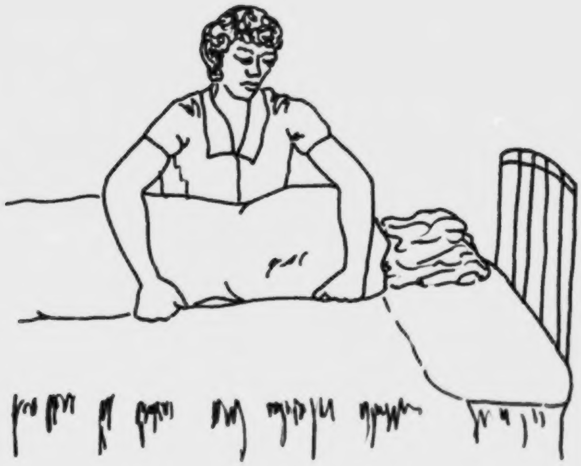
   b. ask person to bend knees

   c. face side of bed, one foot forward, knees bent

   d. place one hand under shoulder, the other under hips (palm up), bend at hips and knees

   e. pull person toward the elder care provider until person is on side of the bed

   f. adjust head, hips, knees, and ankles for comfort and safety



2. Helping to sit up and lie down:

   a. face head of bed

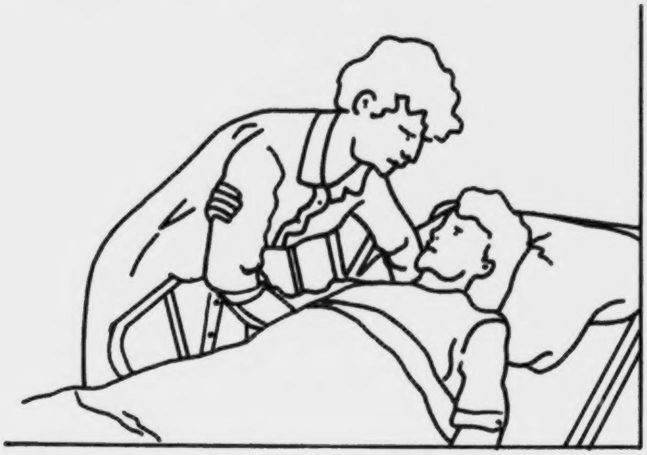
   b. bend knees

   c. care giver asks bedridden person to clasp care giver's arm at the elbow while caregiver slides his or her other arm under person's back at shoulder level

   d. help person to sitting position

   e. repeat step c when lying the individual back down

   f. provide for safety and comfort of person



The care provider should remember the following points when changing the elderly person's body position:

1. the safety of a person

2. keeping the body in good alignment to prevent harmful strains

3. the care provider's posture, in order to proceed effectively without strain on self
4. ask for assistance in aiding heavy or helpless persons.
5. resolve person's fears
6. proper handling to prevent pain or injury

## Points To Remember

- The use of good body mechanics can reduce fatigue and improve body functions.
- Use of proper body mechanics provides for safe and effective work methods in doing tasks.
- Poor posture is caused by indifference, poor habits of work and carelessness.
- When lifting or doing a task near the floor, kneel instead of bending from the waist and use leg and arm muscles. Pivot with feet, turn with short steps, and turn the whole body.
- It is better to push, roll or slide heavy objects.
- When lifting objects one should protect the natural spring of the spinal column.
- Proper body alignment prevents fatigue, reduces muscle strain and provides proper circulation in thigh blood vessels.
- Frequent body repositioning helps in preventing bedsores, provides exercise, prevents muscle deformities from lying in one position and increases circulation of the bedridden person.
- Care provider can safely reposition a person if they keep their back straight and bend with their hips and knees.
- The care provider should remember that back bending is backbreaking.
- The correct use of body weight can reduce the amount of effort and strain required to move a bedridden person.

## Words To Know

alignment
body mechanics
body repositioning
repositioning

## Questions for Review

1. Why is it important for the care provider to use good body mechanics?

2. What causes poor posture?
3. What are the five steps of correctly lifting an object?
4. Describe the correct technique for moving a heavy object.
5. What goals are achieved by good body mechanics?
6. List four benefits of frequent repositioning of a bedridden person.
7. What is meant by the term alignment in relation to body mechanics?
8. How might using correct body mechanics in repositioning a bedridden person help the care provider?
9. Which muscles are used as the main force when repositioning a person?
10. Explain the statement, "Back bending is backbreaking."

# 27

# Planning and Managing Household Tasks

**COMPETENCY TO DEVELOP**

- Analyze ways to improve the planning and management of housekeeping tasks.

**OBJECTIVES TO ACHIEVE**

- Identify ways to organize work in order to save on time and energy.
- Explain the importance of storing and organizing supplies according to work area.
- List advantages of scheduling one's household work.
- Identify household tasks that are performed daily, weekly, and occasionally.

Recognizing the value of housekeeping duties and the importance of providing services for the elderly will assist in pointing out how important the elder care provider's job is. The amount of housekeeping will vary depending on the type of facility employed in. The elder care provider employed in a care facility other than a private home will usually have fewer housekeeping responsibilities. Many care facilities provide a housekeeping service.

The elder care provider employed in a home-type situation will often be both the manager who plans the work and the worker who carries out the plan.

## PLANNING AND MANAGING HOUSEKEEPING

A little time spent by the elder care provider in planning ahead can make cleaning easier and sometimes more interesting. However, the elder care provider should plan the housekeeping schedule to fit the elderly person's existing daily, weekly, and in some cases, monthly routines.

The amount of cleaning the elder care provider may be able to accomplish in the home of an elderly person depends on standards of cleanliness, the size and condition of the person's home and what resources are available. The elder care provider may work in nice surroundings with modern equipment; or conversely in very poor dwellings of only one or two rooms with inadequate equipment. The elder care provider must learn to adapt to differing situations. They must be able to improvise or make do with unfamiliar and poor equipment.

Every job has its share of monotony and repetition, and housecleaning may have more than most. But, like every other job, there are also satisfactions in doing the work well and seeing the task completed.

## ORGANIZATION

In order to save time and energy, the care provider should organize equipment and supplies for doing work.

To prevent complaints and save time later, do tasks as they arise.

Also plan ways to reduce cleaning problems (i.e., use floor mats at entrance to prevent tracking in dirt).

Proper storage methods save time and energy spent in searching for items, moving things out of the way of a needed item, or straining to reach an item.

1. Adjust the heights of working surfaces to permit good posture while working, whenever possible.
2. Keep equipment in good working condition, whenever possible.
3. Encourage the elder person to get rid of used equipment that is taking up good storage space.
4. Find a rate of speed which is efficient but not hurried.
5. Include adequate short rest periods in your schedule.
6. Take care of personal health and safety precautions.

## USING YOUR BODY TO HELP YOU WORK

Be as relaxed and cheerful as possible about housecleaning. Try to become conscious of body motions. Since all cleaning involves muscular activity, learn to use your muscles properly to prevent strain and fatigue. Lift heavy objects with a minimum of effort by using strong thigh muscles. To relieve strain on your back muscles, squat rather than bend when dusting or picking up articles from the floor. Practice is essential if good posture is to become a habit. Comfortable shoes and clothing help to keep good posture. Be sure good **ventilation** exists where you are working.

Additional information can be found in Chapter 26 on body positioning.

## SCHEDULING HOUSEHOLD WORK

Housekeeping does not need to be drudgery. A job done thoroughly and well can be a source of pride. One way to accomplish this is to organize work with the elderly person's needs and requests in mind. Have a written plan of work for all things which must be done and divide the list into three parts—daily, weekly, and occasional tasks. Develop good judgment concerning tasks that need to be done. One thing can be done each day to lighten weekly cleaning tasks and one occasional task can be finished each week. Make an effort to do each daily task in the easiest and quickest way possible. For example, carry cleaning supplies and equipment in a convenient caddy which can be made from a plastic carrier, basket or empty soft drink carton.

For the elder care provider in a home-type situation, a sample written plan of work or schedule might look like this:

1. Daily Tasks:
    - a. Prepare meals and clean up
    - b. Make the beds
    - c. Straighten house in general
    - d. Put rooms in order
    - e. Do light cleaning of bedrooms and kitchen area
    - f. Clean bathroom
2. Weekly Tasks:
    - a. Clean each room thoroughly
    - b. Wash clothes
    - c. Mend
3. Occasional Tasks:
    - a. Clean walls
    - b. Clean windows
    - c. Care for floors
    - d. Polish wood surfaces
    - e. Dry clean or launder curtains, bedspreads, etc.
    - f. Clean cabinets, closets, drawers, and shelves

## Points To Remember

- The amount of housekeeping will vary for the elder care provider depending on the type of facility employed in.
- There are satisfactions in doing housecleaning well and seeing the tasks completed.
- Be as relaxed as possible about housecleaning. Learn to use the muscles properly to prevent strain and fatigue.
- In order to save time and energy, the elder care provider should organize equipment and supplies for doing work.
- Housework should be organized with the elderly person's needs and requests in mind.
- Have a written plan of work for all things to be done and divide the list into daily, weekly, and occasional tasks.

## Words To Know

ventilation

## Questions for Review

1. Why might the housekeeping duties vary for the elder care provider employed in a home-type situation or a care facility?
2. List four ways to use one's body to help in housework.
3. What are four ways in which one can effectively organize work?
4. Why is it important to organize storage space?
5. What are the advantages of scheduling household work?

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# 28

# Energy

**COMPETENCY TO DEVELOP**

- Assist the elderly with energy conservation needs.

**OBJECTIVES TO ACHIEVE**

- Identify ways to conserve energy resources.
- Give examples of ways to dress for comfort in cool and warm temperatures.

The best way to save money on utility costs is to **economize**. The less gas, oil, or electricity used to heat a home or care facility, the smaller the amount will be to pay the utility company at the end of the month. The same applies for other uses of energy, water, or the telephone.

The wise use of energy resources is called **conservation** or **energy efficiency**. As an elder care provider, it is very important to know how to save energy. Many times the little things one does helps to save large amounts of energy. However, elderly people, who often have the greatest need for saving money, may lack the resources or knowledge needed to make these changes. Several energy-saving ideas are presented below which the elder care provider can use and suggest to others in private homes or care facilities of all sizes.

## CONSERVING UTILITIES

### ELECTRICITY AND GAS

1. Turn **thermostats** down on both heating and air conditioning units to a comfortable level. Turn down several degrees at night.
2. Start an air conditioner early in the morning so it can be turned down later. Keep doors and windows shut. Turn off unit when no one is home.
3. Draw the shades and blinds to keep out the hot sun; blocking the sun on south and west windows on hot days can cut heat penetration through windows by as much as 50 percent.
4. Draw shades and drapes to retain heat in winter. If possible, use natural sunlight instead of using lights and heaters.

5. Weatherstrip and caulk around all windows and doors.

6. Do not heat or cool unused rooms.

7. Have storm doors and windows added to reduce heat and cool air loss.

8. Set the control switch in refrigerators and freezers to the "economy" setting if possible. This deactivates the small heaters that prevent "sweating" around the door in humid weather, saving 15 percent of the electricity the appliance uses.

9. Open the refrigerator and freezer doors as little as possible.

10. Restrict cooking to a minimum in hot weather. Keep kitchen doors closed while cooking is in progress to prevent heat from escaping into the rest of the house. Don't open oven door unnecessarily—20 percent of the heat is lost each time. Cook two or more dishes at once. Avoid long preheating time—most ovens will heat up in ten minutes. Microwave ovens use about five times less electricity than regular ovens.

11. Use small appliances—toaster oven, electric frypan, slow cooker—when preparing a special item or a meal for one.

12. Reduce power usage between the peak hours of 11 a.m. and 5 p.m. Arrange to complete household tasks during off hours, if possible.

13. Use full loads in the dishwasher, clothes washer, and dryer.

14. Turn off all unnecessary lights—especially high-**wattage** ones.

15. Reduce the size of light bulbs in places where bright light is not needed.

16. Replace the incandescent bulb fixtures which are used a great deal with fluorescent lights. They are six times as efficient as incandescent bulbs.

17. Turn off radio and television sets when they are not being used. If a television has a fast warm-up feature, unplug the set whenever the house is vacated for a few days or more.

18. Turn off a hot water heater before leaving for a vacation.

19. Dry clothes on a line in warm weather.

## WATER

1. Take showers instead of baths—the usual bath requires 36 gallons, a comparable shower 25 gallons.

2. Turn water off while shaving and brushing teeth. Turn it on only when using it.

3. Stopper sinks or use a dishpan when washing dishes; a running water wash uses about 30 gallons per meal.
4. Use the basin instead of the shower for shampooing.
5. Keep a bottle of cold water in the refrigerator—running water until it is cold will waste a gallon.
6. Use dishwasher only when full.
7. Use clothes dryer only when full loads.
8. Keep water heater at an even setting, running water until it is hot is wasteful.
9. Have leaky faucets repaired, these are a chief cause of water waste.

### TELEPHONE

1. Dial your own calls. Anything involving the operator costs extra.
2. Call station-to-station whenever possible
3. Be aware of the cheapest rate times within your own state.
4. If suitable to your phoning habits, use special billing plans (for example for a small extra charge have unlimited calls within a 20-mile radius.)
5. Order only as many extensions and extras as essential for your needs.
6. Call the operator to receive credit for wrong numbers and cut-offs.
7. Check monthly bills against a record you have kept of all long-distance calls.
8. Report incorrect charging to the telephone office.

## COST OF OPERATING APPLIANCES

More than half of the energy used in homes goes into heating and cooling. Heating water comprises 15% of the energy consumption. Lighting, cooking, refrigeration, and operating appliances account for the rest.

The cost of operating any piece of electrical equipment depends on three factors: the wattage of the equipment, the number of hours it operates, and the cost of electricity.

## MAINTENANCE OF ENERGY USING EQUIPMENT

Energy can be saved by taking good care of equipment and appliances. The care provider may be able to solve many maintenance problems while others will need the expertise of a repair person. The money spent to repair equipment will be well worth the expense. Poorly maintained energy users cause problems and cost money. The following energy-saving ideas will help to keep maintenance costs at a minimum:

1. Defrost the refrigerator and freezer when the frost gets ¼ inch thick. The build-up of ice overworks these appliances.

2. Ask the utility company to adjust the pilot lights on the stove or furnace and to repair gas leaks.

3. Fix leaky faucets. This is usually done by replacing worn washers.

4. Keep equipment clean.

    a. Have the filters in the furnace, heat pumps, and air conditioner checked and cleaned once a month.

    b. Clean the dryer lint trap regularly.

    c. Dust or vacuum heat vents frequently. The dirt will block heat.

    d. Dust refrigerator and freezer condenser coils regularly. Dust build-up makes these units run less efficiently.

    e. Keep light bulbs and fixtures clean. Dusty lamps do not give as much light as they should.

    f. Keep the stove or range top clean. Dirty stove or range tops and burner wells or reflective pans do not reflect cooking heat as well as clean ones.

## DRESS FOR THE THERMOSTAT

Due to the lowering or raising of thermostats for maximum energy efficiency, the temperature may not always be comfortable to each individual. Some senior citizens may have poor circulation and always feel chilled or cool. Therefore, it may be necessary for individuals to control their own comfort by the clothing they wear. Clothing prevents cold or hot air from moving over the body and provides thermal insulation.

Dressing wisely can help an individual retain heat in winter or reduce it in summer. The human body gives off heat, about 390 **Btu's** per hour for a man, 330 Btu's for a woman. (One Btu is the amount of heat required to raise the temperature of one pound of water one degree F.) For comfort in cooler indoor temperatures, use the best thermal insulation of all—warm clothing—to hold in body heat. For comfort in warmer indoor temperatures, choose clothing that will allow natural body heat to escape. The following tips will help individuals dress for the thermostat.

## TIPS FOR DRESSING FOR COMFORT IN COOLER INDOOR TEMPERATURES

- Closely woven fabrics will add at least a half degree in warmth.
- Heavy underclothing, heavier outer clothing, sweaters in "layers" will provide warmth in cooler temperatures.
- A vest or sleeveless sweater will keep the back warm. People feel warmer all over if the back is warm.
- Drawstring hems on tops, jackets, and coats can be pulled in tight in cooler temperatures to retain body warmth.
- Cuffs that hug the wrists make a person feel warmer.
- Buttons, snaps, and toggles closely spaced trap warmth in, keep cool air out.
- High collars that hug the neck add warmth.
- Heavy shoes and socks, or boots, keep the feet warm.
- Quilting details that are not stitched through all layers trap air best.
- Slacks are at least a degree warmer than skirts.
- Long-sleeved shirts or blouses add warmth.
- A light long-sleeved sweater equals almost 2 degrees in added warmth; a heavy long-sleeved sweater adds about 3.7 degrees; and two lightweight sweaters add about 5 degrees in warmth because the air between them serves as insulation to keep in more body heat.

## TIPS FOR DRESSING FOR COMFORT IN WARMER INDOOR TEMPERATURES

- Natural fibers that absorb moisture and allow perspiration to evaporate from the skin are more comfortable in warm temperatures.
- Lightweight, open-weave fabrics will be more comfortable in warmer temperatures.
- Light colors which reflect the sun's rays give a cooling effect.
- Openings at neck, wrists, waist, and ankles should be large so that air can circulate and carry heat away as the body moves.
- Open, strap, or lightweight shoes are cooler than heavy shoes or boots.

- Whenever possible, omit T-shirts, wear short-sleeved shirts, and omit a tie to provide comfort in warm temperatures.

- Skirts are cooler than slacks. Wearing short-sleeved or sleeveless blouses and omitting belts and jewelry will provide comfort in warm temperatures.

The thermal insulation value of clothing, referred to as **clo**, affects how comfortable people are in what they wear. How much insulation a garment provides depends on how well it traps air and holds warm body air near the skin. This is why quilted fabrics, with several layers of fabric and filling, are warmer than one layer of plain fabric. An advantage of layering clothing is that layers can easily be removed during periods of activity and then placed back on the body during sedentary moments.

## UTILITY BILLS

The care provider may be asked to help with the elderly person's bills by examining them each month to see that they are accurate and reminding the elderly person when they are due. It is important that bills are paid on time because the amount increases for overdue bills. Bills should be kept and compared with the previous month or for the corresponding months of the previous year to see if energy use has decreased or increased. If a bill appears inaccurate in any way, contact the utility company immediately to clear up any questions or problems.

## Points To Remember

- The wise use of energy resources is called conservation or energy efficiency.

- The best way to save money on utility costs is to economize in their costs.

- More than half of the energy used in homes goes into heating and cooling.

- The cost of operating any piece of electrical equipment depends upon the wattage of the equipment, the number of hours it operates, and the cost of electricity.

- A good deal of energy can be saved by taking good care of equipment and appliances.

- Dressing wisely can help an individual retain natural heat in winter or reduce it in summer.

- The thermal insulation value of clothing, referred to as clo, affects how comfortable people are in what they wear.

## Words To Know

Btu
clo
conservation
economize
energy efficiency
thermostat
wattage (watts)

## Questions for Review

1. What does conservation or energy efficiency mean?
2. Why is it important for the elder care provider to know how to save energy?
3. List five things the care provider can do to conserve utilities.
4. What is the largest percentage of energy in homes used for?
5. How can maintenance of equipment save energy?
6. Why is quilted fabric warmer than plain fabric?
7. What is an advantage of layering clothing?
8. Name five ways to dress for comfort in cooler temperatures.

# 29

# Bed Making

**COMPETENCIES TO DEVELOP**

- Follow the principles of bed making.
- Determine how the care provider can help to prevent bedsores in the elderly person.
- Point out the purposes of a bed cradle.

**OBJECTIVES TO ACHIEVE**

- Demonstrate the procedures for making an occupied and unoccupied bed.
- Give examples of how the elder care provider can help to prevent bedsores in the elderly.
- Explain the purposes of a bed cradle.

A skillfully made bed provides safety, comfort, warmth, a smooth clean surface, and freedom of movement. When a bed is made without a person in it, it is an unoccupied bed. When a person is in the bed it is referred to as an occupied bed. The elder care provider will need to know the basic principles of bed making for both unoccupied and occupied beds.

## MAKING THE UNOCCUPIED BED

### SUPPLIES NEEDED FOR MAKING THE UNOCCUPIED BED

Blankets (as needed)
Chair (for keeping linens on)
Mattress pad (if needed)
Newspapers or plastic bag
Pillowcases (2)
Sheets (2)
Spreads

### PROCEDURES FOR MAKING THE UNOCCUPIED BED

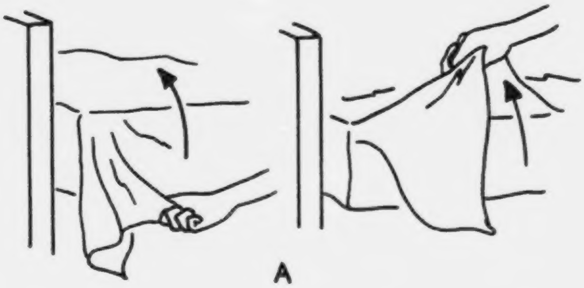
1. Wash hands; locate and organize supplies (use newspaper or plastic bag in which to place soiled linens).

2. Remove spread, blankets, pillow, and dispose of soiled linens.

3. To conserve energy, make bed entirely from one side before moving to the other side.

4. If fitted bottom sheet is not available, position and unfold bottom sheet right side up, wide hem at top of bed.

5. Tuck 12 to 18 inches of bottom sheet tightly over top of mattress. **Miter corners**. The following illustrations show how to miter sheet corners.



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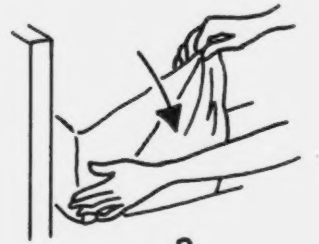

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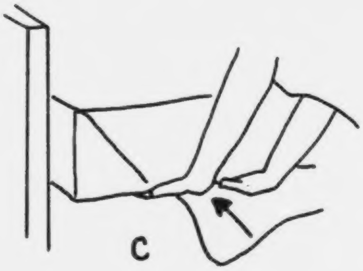

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6. Working from head to foot of bed, tuck top sheet in one side.

7. Position top sheet, wrong side up, hem even with top of mattress.

8. Keeping blanket centered, spread over top sheet and foot of mattress.

9. Tuck top sheet and blanket under mattress at foot of bed. To provide a toe tuck, make 3 inch fold toward foot of bed; tuck in mitered corner.

10. Move to other side of bed; fanfold linens to the center so you can work with bottom sheet.

11. Tuck bottom sheet under head of mattress (miter corner); working from top to bottom tighten sheets to provide comfort and safety.

12. Tuck in top sheet and blanket at foot of bed; before tucking in mitered corner make a 3 inch fold toward foot of bed, and then complete mitered corner.

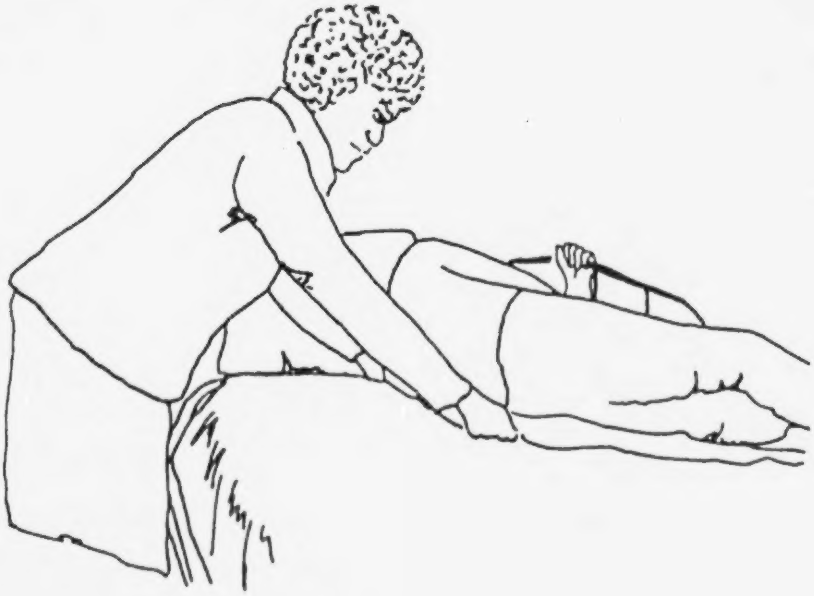
# MAKING THE OCCUPIED BED

## SUPPLIES NEEDED FOR MAKING THE OCCUPIED BED

Chair (for keeping linens on)
Laundry hamper or bag
Pillowcases (2)
Sheets (2)

## PROCEDURES FOR MAKING THE OCCUPIED BED

1. Wash hands, locate and arrange supplies in order of use.
2. Tell individual that you plan to change bed linens.
3. Keep room warm and provide privacy for individual.
4. Loosen bed linens (do not shake linens because this causes spread of germs).
5. Remove top covers, one at a time, except for top sheet; place clean sheet over top sheet; have individual hold top sheet if able; if unable, tuck sheet beneath shoulders; slide soiled top sheet out from top to bottom; place in hamper.
6. Ask individual to turn on side with back toward you. Assist if needed. Move one pillow under person's head and remove other.



7. Move to other side of bed and roll soiled bottom sheet at sides.

8. Fanfold clean bottom sheet close to client under soiled sheet. Tuck clean sheet under head of mattress to anchor it.

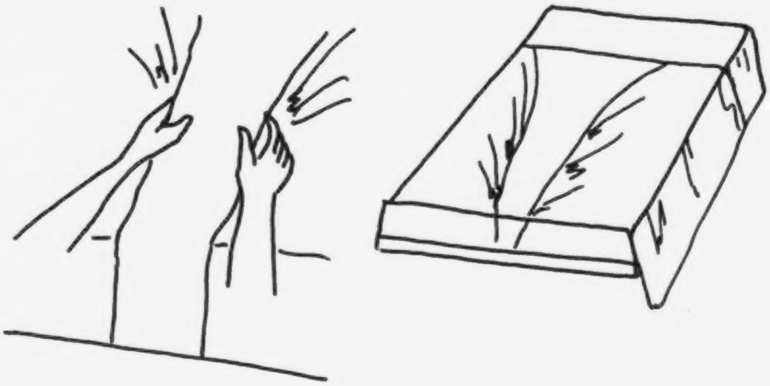
9. Tuck in sheet at sides working from top to bottom.

10. Ask individual to roll toward you. Assist if needed. Move pillow with the person.

11. Move to other side of bed. Remove soiled linen by rolling and placing in hamper.

12. Tuck clean sheet under head of mattress (miter corner). Moving from top to bottom, tuck in mattress pulling diagonally to smooth and tighten.

13. Complete bed making as for an unoccupied bed. Provide for toe tuck (one method is to make mitered corner; before final tuck, position linen with an inch fold toward foot of bed, complete mitered corner).



14. Place pillows in clean cases under person's head.

15. Place soiled linens in laundry bag or hamper depending on the policy of the care facility or private home.

When the care provider has finished making the bed, the care provider should check the location of the **signal cord**. The signal cord should be in reach of the elderly person. It is important to keep the signal cord in the same place so the elderly person can always find it. If the person has the use of only one hand, the signal cord should be placed within reach of that hand.

## BEDSORES OR PRESSURE SORES (DECUBITUS ULCERS)

Bedsores (**Decubitus Ulcers**) often occur in older persons because they are less active and have poor circulation. Pressure sores frequently occur with the constant weight of the body against the bed. This decreases circulation of the blood and tissues become malnourished. Sores develop much more rapidly when tissues are malnourished. It is important for the care provider to watch carefully for signs of a bedsore developing in the elderly person. The sites most likely to be involved in bedsores are the heels, ankles, back of the head, hip joints, sacrum (back pelvic area), and the shoulders. Very heavy or very thin persons are usually more susceptible to pressure sores. The area where a bedsore is developing first appears reddened. The area then becomes hot, tender, and very painful before blisters develop. The skin breaks and, if left untreated, more cells die in the deeper tissues.

It is important to prevent bedsores because they are extremely painful and can be very costly. The average cost of treating pressure sores runs into the thousands of dollars. There are several ways the elder care provider can help to prevent bedsores in the elderly person:

1. Report any reddened, irritated, or sensitive area of the skin to the doctor, nurse, supervisor, or person in charge immediately.

2. For individual confined to bed, position should be changed every hour or at least once every two hours, and a range-of-motion exercises as instructed should be done on daily basis.

3. Prevent sheet burns by turning the individual slowly.

4. A well-balanced diet should be provided each day to prevent malnourished tissues.

5. Be sure that the individual maintains good grooming habits daily. Keep the individual clean and dry.

6. Keep the bed clean, dry, and wrinkle-free as moisture and pressure against the body will increase the possibility of bedsores.

7. Always follow the doctor or supervisor's prescribed treatment for decubitus ulcers.

8. Be careful when assisting with the use of bedpans. Padding the bedpans can reduce pressure; sprinkling the rim with powder will minimize friction.

9. Report any signs of a bedsore developing (warm areas of skin, redness, tenderness, discomfort, or a burning feeling on the skin) to the person in charge immediately. Gently rub the area with skin lotion every two hours. (Be careful. Too much rubbing could cause skin breakage.)

10. Use powder or cornstarch where skin surfaces form creases. Use cornstarch on the sheets to reduce friction as the patient moves. (Be sure to clean sheets often.)

11. Remove any hard objects from the bed immediately including crumbs, hair pins, and other small objects.

12. Change bed immediately when it becomes wet.

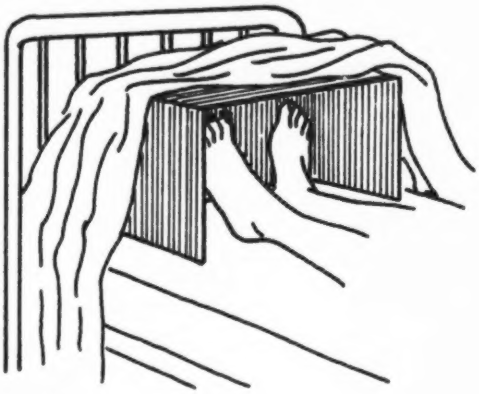
13. Be sure plastic never touches the patient's skin.

14. Use special equipment such as air cushions, sponge rubber cushions, sheepskins, pillows, pads, air mattress, alternating pressure mattresses, and flotation pads to reduce skin pressure.

## BED CRADLE

A **bed cradle** is a wood or metal frame that is used to keep bedclothes off part or all of a person's body. There are two types of cradles, a narrow cradle and a wide or long cradle. A narrow cradle is used over a body part such as a leg or arm or both legs or arms. A wider or longer cradle is used to cover the whole body.

If a metal or wood frame is unavailable, a cardboard box with the top and two ends removed can be substituted.



The main purpose of a bed cradle is to avoid pain from the weight of the bed covers, and occasionally, as a form of treatment for fractures, burns, or wounds.

If the individual should become chilled, a cotton blanket can be loosely arranged over the part inside the cradle. This will help to keep warm air inside and protect the individual from colder air.

### Points To Remember

- A skillfully made bed provides safety, comfort, warmth, a smooth clean surface, and freedom of movement.
- The elder care provider should follow the basic principles of bed making for both unoccupied and occupied beds.
- Soiled linens should be placed in a laundry bag or hamper depending on the policy of the care facility or private home where employed.
- The care provider should always check the location of the signal cord after making the bed.
- The signal cord should be in reach of the elderly person as well as in the same location for them to find easily.

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- When the person has the use of one hand the signal cord should be placed within reach of that hand.
- Bedsores often occur in older persons because they are less active and have poor circulation.
- It is important for the care provider to watch carefully for signs of a bedsore developing in the elderly person, especially on the heels, ankles, back of the head, hip joints, sacrum (back pelvic area), and the shoulders.
- The care provider should report any reddened, irritated, or sensitive area of the skin to the doctor, nurse, supervisor, or person in charge immediately.
- The care provider should always follow the doctor or supervisor's prescribed treatment for decubitus ulcers.
- A bed cradle is a wood or metal frame that is used to keep bedclothes off part or all of a person's body.
- The main purpose of a bed cradle is to avoid pain from the weight of the bed covers, and occasionally, as a form of treatment of fractures, burns, or wounds.

## Words To Know

bed cradle
decubitus ulcers
mitered corner
signal cord

## Questions for Review

1. List four benefits of a skillfully made bed.
2. What is meant by an occupied bed and an unoccupied bed?
3. Why should the care provider always check the location of the signal cord after making the bed?
4. Where should the signal cord be placed for the person with the use of one hand?
5. Why do bedsores frequently occur in the elderly?
6. Why is it important for the care provider to watch carefully for bedsores developing in the elderly person?
7. Name the sites in the body where bedsores are most likely to develop.
8. List four ways the elder care provider can help to prevent bedsores in the elderly person.
9. What is a bed cradle?
10. What is the main purpose of a bed cradle?

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# Bathing

**COMPETENCIES TO DEVELOP**

- Determine the bathing needs of the elderly.
- Assist the elderly with bathing needs.
- Explain procedure for assisting elderly with bedpan use.

**OBJECTIVES TO ACHIEVE**

- Describe the benefits of a bath.
- Describe the types of baths.
- Identify reasons that the elderly may need bathing assistance.
- Give examples of ways in which the care provider can assist the elderly in bathing needs.
- Identify procedure for assisting elderly with bedpan use.

A bath with warm water and soap removes dirt and perspiration, increases circulation, and provides the elderly person with exercise. This helps the elderly person feel clean, relaxed, and refreshed. Giving a bath provides the care provider with an opportunity to observe the elderly person, make special note of any irritated places, any need for special care of dry areas and pressure points, or any rashes, etc. The care provider should encourage elderly persons to do as much bathing of themselves as they can. The elderly person should be protected from exposure and discomfort such as chilling and rough fabrics. The care provider can check that the room is warm and free of drafts. The elderly person should be kept covered during the bathing procedure. The care provider should also make sure the bath water is the proper temperature and arrange for as much privacy for the elderly person as possible.

When giving a bed bath, the care provider should give primary consideration to the feelings and safety of the elderly person and consider procedures secondly. The care provider should remember that the techniques and procedures of giving a bed bath should not take the place of warmth and feeling.

The elderlys' interest in self often decreases with age, and personal care habits change. They may think: "Why bother? I have no place to go so no one will see me." It takes energy to bathe. The care provider can encourage elderly persons by allowing them plenty of time, arranging their bath articles close at hand in order of use, respecting their habits, and being patient with their needs.

## BATHING

Human skin is composed of two layers, the **epidermis** or outer layer and the **dermis** or inner layer. The skin is the first part of the body that shows age. Aging skin has less oil or body fat stored in the skin. This fat helps regulate the body temperature and protect body organs. Reduced fat in the skin of the elderly causes problems with body temperature regulation. Due to poorer circulation, the skin usually takes a longer period of time to heal. Tissues and muscles that support the skin begin to break down and cause drier, less elastic, wrinkled, and thinner skin. The color of the skin usually fades and becomes less pink. Skin **pigmentation**, or **liver spots** as they are called, are more noticeable in the elderly. These yellow or brownish spots appear on the surface of the skin and their cause is unknown.

Due to the changes in the skin of the elderly, daily bathing is not recommended. Bathing is the process of washing and drying the body to cleanse it and keep the skin free of dirt and odors. Bathing two or three times a week is sufficient although more frequent local bathing is necessary. Parts of the body that require more regular cleansing include the face, underarms, and any other areas of the body where there are creases or folds. Care should be taken when using soaps and deodorants because often these products are drying and irritating to older sensitive skin. Lotions or creams may be used on dry areas of the body to keep them moist.

There are several physical as well as psychological benefits of bathing. Bathing helps to stimulate blood circulation, relax tired muscles, and decrease stress. It removes dirt and wastes from the skin and provides exercise for the muscles. Bathing gives a refreshed feeling of well-being.

### TUB BATH AND SHOWERS

One of the tasks of the care provider working in services for the elderly may be to assist with tub bath and shower preparation. The care provider will want to provide a cleansing, refreshing experience with safety, comfort, and minimum effort for the mobile elderly person when giving a tub or shower bath. Encourage bathing by providing plenty of time and having articles close at hand. An afternoon bath is as refreshing as a morning bath. To help the elderly prepare for a tub bath or shower, the care provider should collect the following supplies:

- bath towel and face towel
- washcloth
- soap

- nonskid bath mat
- lotion or cream
- deodorant
- chair or stool
- clean clothing and slippers or shoes

## PROCEDURES FOR A TUB/SHOWER BATH

Some elderly persons will be able to bathe themselves with little or no help from the care provider; others will need a great deal of guidance. The care provider should encourage the elderly person to do as much as possible, and as much as they are able to do on their own when bathing. The following procedures will be helpful to the care provider when assisting the elderly with bath and shower preparation. The care provider must remember that the amount of help or guidance needed will vary. The supervisor or person in charge will direct the care provider.

- Tell the elderly person about the bath.
- Assemble supplies.
- Place a chair beside the tub. Bathing supplies can be placed on the chair. A small stool should be placed in the shower so the elderly person can sit down if they feel weak or tired.
- The bathroom should be clean, warm, and free from drafts.
- Place a bath mat or heavy towel on the bottom of the tub or on the floor of the shower.
- Assist with the water temperature and pressure, if necessary, before person enters tub or shower. The tub should be filled one-third full of warm water. The temperature of the water should be 105° F.
- Help the elderly person to put on bathrobe and slippers and assist in walking to the bathroom.
- Help the elderly person undress if instructed to do so. Use a bath blanket to protect the elderly person from chilling and to provide privacy.
- Caution the elderly person against standing on one foot.
- Help elderly person sit down in the shower or tub if instructed to do so.
- If necessary and if instructed, give assistance to bath, especially the back.

- Encourage the use of handrails or grab bars, if available, for safety purposes. For additional safety in the shower, there should be a handrail and a wall soap dish.

- Allow the person privacy, but remain close by in case help is needed. Call or check frequently with the elderly person during bathing. The bathroom door should never be locked.

- When the person has finished bathing, help the person out of the tub or shower, if instructed to do so.

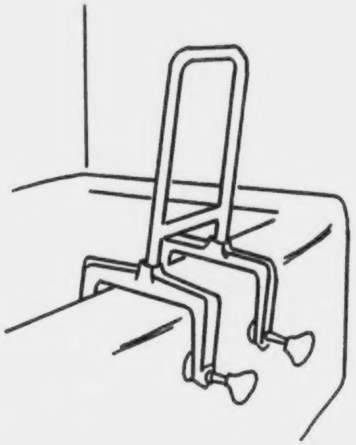
- Let person dry off with bath towel or assist with drying if instructed to do so. Use a bath blanket to protect the elderly person from chilling and to provide privacy.

- Have conveniently available lotion or cream for dry areas, deodorant, and any other skin care products that might be needed.

- Help the elderly person with dressing if instructed to do so and assist in walking back to bed or room.

- Make sure the elderly person is comfortable.

When working with the elderly in a private home situation, the care provider should be aware of the various types of safety grab bars and portable type bars which can be secured to the tub for safety purposes. The bars provide support and leverage for getting in and out of the tub. The bars range in price from inexpensive to moderate and can be purchased from most pharmacies or hospital supply houses. Bathtub seats, stools, and chairs may also be purchased to make bathing safer and easier for the elderly person. A bath chair is illustrated below.



## BED BATH

The care provider may be working in a private home or elder care facility where the elderly person cannot take a shower or get into a tub. A complete bed bath is usually given to the elderly person who is not ambulatory. Depending upon the elderly person's care plan, the elderly person may need a partial bath and the amount of the body to be bathed will depend on the reasons for the bath. A partial bath is usually recommended if the person has a high fever or profuse perspiring. The type of bed bath will vary from person to person and may be complete, partial, or none at all.

For the bed bath, the elder care provider should assemble the following supplies:

- basin, two-thirds full of water (105° F.)
- soap
- washcloth
- face towel
- bath towel
- bath blanket
- clean bedclothes
- rubbing alcohol or lotion
- talcum powder
- laundry hamper, plastic bag, or paper bag
- chair
- hot water bottle (if available)
- bedpan
- newspapers

## PROCEDURES FOR BED BATHS

In some situations, elderly persons may be able to bathe themselves in bed, but still need assistance when washing feet and back. Other individuals may not be able to assist with the bed bath. The care provider will be instructed by the person in charge as to the type of bath the elderly person is to have as well as the type of assistance to be provided by the care provider. The following procedures will be helpful to the care provider when assisting the elderly with bed bath preparation.

- Assemble supplies and wash hands.
- Tell the elderly person about the bath and what you plan to do and explain how the person can help. The care provider should show concern of feelings and interest in the person's personal appearance.
- Offer the person use of a bedpan. The person should not be exposed any more than is absolutely necessary. Empty and remove

the bedpan. If used, the care provider must remember to wash hands.

- Prepare the room by closing doors and windows. The care provider should assure the elderly person of privacy.
- Place linen and towels on chair in the order that they will be used.
- Have laundry hamper or plastic bag/paper convenient for handling soiled linen and towels.
- Remove and fold bedspread and blanket(s); loosen linen and place bath blanket or large towel over elderly person.
- Place a hot water bottle, if available, at the person's feet for warmth during procedure.
- Remove all but one pillow from under person's head; remove gown/pajamas; place in hamper. Make sure person is comfortably warm.
- Fill basin two-thirds full of water (105° F).
- Assist or ask elderly person to move to side of bed.

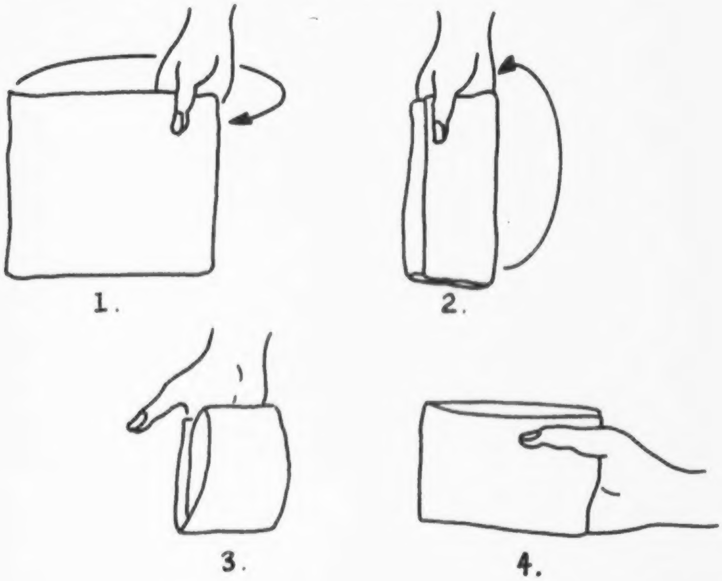
## PROCEDURE FOR GIVING A BED BATH

The tasks for giving a bed bath are done in the following order:

### FACE

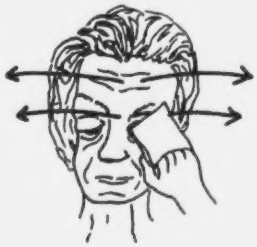
- Place towel under elderly person's head and across chest to protect bedding.

Wet washcloth, make bath mitt as illustrated:

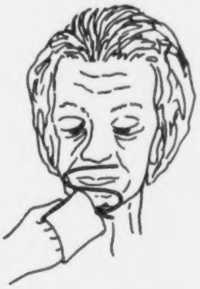


1. fold lengthwise,
2. around palm,
3. tuck in at top,
4. use as mitt.

- Squeeze cloth to prevent dripping. Soap should not be used.
- Wash eyes from nose to ear, carefully using one corner of mitt for one eye and other corner for second eye as illustrated.



- Use soap to wash forehead, nose, and cheeks with firm, long strokes. Use an S motion around mouth and chin as illustrated.



## EARS AND FRONT OF NECK

- Use the bath mitt and wash the ears and front of neck with soap and water. Be sure to wash folds in the skin.
- Rinse and dry.

## ARM

- Place a towel under the person's arm and shoulder. Place a second towel over blanket to protect bed.
- Support the arm and wash, rinse, and dry the arm, including the armpit area. If the elder person requests a deodorant, the care provider can apply it at this point.

## HAND

- Place a basin of water on a towel at the elderly person's side. Be sure the basin is secure and will not spill.

- Wash and rinse the person's hand in the basin of water. Remove basin.
- Dry hand and each finger carefully.
- Clean nails, and use lotion if needed.
- Cover arm and hand with blanket.

## OTHER ARM AND HAND

- Working from the same side of bed, repeat the procedure for washing arm and hand.
- Keep water warm by adding hot water.
- Change water when it becomes soapy or dirty.

## CHEST

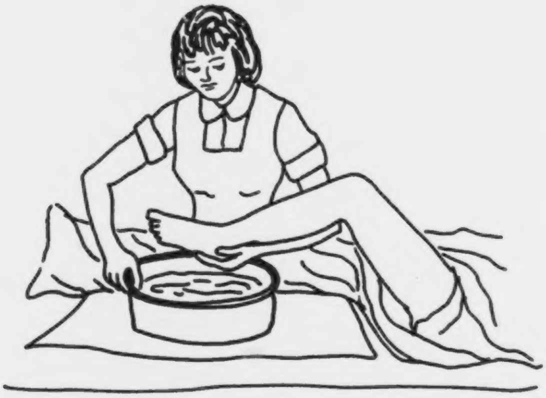
- Cover chest with towel; turn back blanket; protect bedding.
- Soap, rinse and dry; be sure to dry carefully under breasts. If skin is reddened, use small amount of powder or oil.

## ABDOMEN

- Leave towel over chest; be sure to use towel to protect bed.
- Soap, rinse, and dry abdomen, sides of trunk, and upper thighs.
- Use a light film of powder in creases of the abdomen if there is any redness.
- Place soap and washcloth near the person. Ask the person to finish by bathing the pubic area. Allow the person privacy by leaving the room or moving away from the bed. If the elderly person is unable to finish the bath, follow the instructions of the person in charge.
- Pull up blanket and remove towels.

## LEGS AND ARMS

- Place a towel under the person's leg nearest you. Support the leg. Wash, rinse and dry the leg.
- Place a towel under the foot. Place a basin of water on the towel. Newspaper can be placed under the towel in case the water spills. Place foot of person into basin as illustrated.
- Wash foot, remove basin, towel and newspaper.



- Dry foot well, especially between toes.
- Give nail care if needed.
- Repeat procedure for other leg and foot.

Whether the care provider is caring for an elderly person in a private home care facility, the care provider should follow the instructions of the person in charge when assisting with or giving the bed bath.

## SITZ BATH

The care provider may be asked to assist with a **sitz bath** for an elderly person. A sitz bath is a bath in which the person sits in the tub in warm water. The hips and buttocks are immersed in the water. The sitz bath is a **therapeutic** type of bath often ordered by the person's doctor following rectal surgery or **cystoscopic examination** (examination of the interior of the urinary bladder). It is also used to relax **sphincter muscles** of the bladder and rectum. The sitz bath is often given three or four times a day.

For the sitz bath, the care provider should assemble:

- bath blanket
- bath towels (3 or 4)
- rubber or sponge-rubber ring for the person to sit on
- safety pin

The care provider can prepare a bathtub of warm water (105-110° F.) approximately one-third full. The care provider may be asked to assist the elderly person to the bathroom. Sometimes it will be necessary to use a wheelchair for moving the elderly person. The care provider should assist with a sitz bath only when instructed to do so by the person in charge.

Plastic disposable sitz bath apparatuses are available for home and institutional use. Besides being sanitary, the disposable sitz bath

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maintains a constant water temperature. The disposable sitz bath is the ideal solution for homes having only a shower.

## BEDPAN USE

When working in services for the elderly, the care provider may be working with an elderly person who is not mobile enough to use bathroom facilities and requires the use of the bedpan. Depending upon the policies of the elder care facility or the private home, the care provider may be asked to assist with bedpan use. When this is the case, the care provider will want to remember to offer the bedpan at regular intervals even though the elderly person does not request it. The bedpan should always be given as soon as it is requested by the person. To avoid injuring the elderly person, the care provider must be careful to lift the hips of the person high enough to avoid the sliding pressure of the pan. The care provider must always respect the privacy of the individual.

The care provider will need to assemble the following supplies for bedpan use:

- Basin of warm water
- Soap, washcloth, towel, or soft cloth
- Bedpan and cover (cover can be newspaper)
- Bed protector (newspaper pad made of several thicknesses of newspapers covered with clean cloth)
- Bell or call system
- Newspapers (to protect chair or floor)
- Toilet paper
- Urinal and cover

## PROCEDURES FOR USE OF THE BEDPAN

The care provider will assist the elderly in the use of the bedpan only when instructed by a supervisor or the person in charge.

- Assemble all the supplies; wash hands. Hot water may be used to warm bedpan. Talcum powder may be used in hot weather to prevent sticking.
- Place bed protector pad under the person's hips.
- Fold back covers at side to prevent soiling.
- Place the bedpan beside the elderly person. Be sure the open end is toward the foot of the bed.

- Request person to bend knees and rest weight on heels if possible. The care provider should position hand under small of back and on signal help to lift hips while positioning bedpan under hips. Adjust the bedpan for comfort. If there is no need for the care provider to stay, the care provider can leave the room after making sure the call bell and toilet tissue are conveniently located.
- Determine if client is unable to cleanse self. If not, wipe downward toward spine to avoid spreading soiled area to bladder and vaginal openings.
- Remove bedpan in same manner as placed. Cover bedpan and observe body for redness or soreness.
- Allow the elderly person to wash hands.
- Empty bedpan and rinse it with cold water. Wash it with hot soapy water, rinse and dry. Put all supplies away and wash hands.

## Points To Remember

- A bath with warm water and soap removes dirt and perspiration, increases circulation, relaxes tired muscles, decreases stress, and provides the elderly person with exercise.
- Assisting with the bath provides the care provider the opportunity to observe the elderly person, make special note of any irritated places, any need for special care of dry areas and pressure points, or any rashes.
- The care provider should encourage elderly persons to do as much bathing of themselves as they can.
- The skin is the first part of the body that shows age.
- Due to the changes in the skin of the elderly, daily bathing is not recommended.
- The bathroom or bathing area should be clean, warm, and free from drafts.
- Bathtub seats, stools, and chairs; grab bars and portable type bars secured to the tub make bathing easier and safer for the elderly.
- A complete bed bath is usually given to the elderly person who is not ambulatory.
- A partial bed bath is usually recommended if the person has a high fever or profuse perspiring.
- The most comfortable temperature for bathing is 105° F.
- A sitz bath is a bath in which the person sits in the tub in warm water.

- The sitz bath is a therapeutic type of bath often ordered by the person's doctor following rectal surgery or cystoscopic examination and is usually given three or four times a day.
- The use of a bedpan is required for the elderly person not mobile enough to use bathroom facilities.
- The bedpan should always be given as soon as it is requested by the person.
- The care provider must always respect the privacy of the individual.

## Words To Know

cystoscopic examination
dermis
epidermis
liver spots
pigmentation
sitz bath
sphincter muscles
therapeutic

## Questions for Review

1. What are the benefits of a bath with warm water and soap?
2. Why should the care provider encourage the elderly person to do as much bathing of themselves as they can?
3. What is the first part of the body to show age?
4. Why is daily bathing not recommended for all elderly persons?
5. List features which help to make bathing easier and safer for the elderly.
6. Discuss the difference in a complete bed bath, a partial bed bath, and a sitz bath.
7. What is the most comfortable temperature for bathing?
8. Which type of person requires the use of a bedpan?

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# Grooming

### COMPETENCIES TO DEVELOP

- Determine the grooming needs of the elderly.
- Assist the elderly with grooming needs.

### OBJECTIVES TO ACHIEVE

- Describe the benefits of maintaining good personal hygiene.
- Identify reasons that the elderly may need grooming assistance.
- Identify the benefits of daily hair care.
- List the steps of proper nail care.
- Discuss the reasons for good oral hygiene.
- Point out the importance of caring for beards and mustaches properly.
- Give examples of ways in which the care provider can assist the elderly in grooming needs.

Personal **hygiene** is essential throughout life. Hygiene is the practice or condition of preserving health. Health practices remain virtually the same in the later years, but some changes are necessary in order for the elderly to care for themselves as much as possible. There are several psychological and physical benefits of maintaining personal hygiene. Good hygiene helps to maintain a positive self-image as well as build self-confidence. Grooming is also important in maintaining general health and can lead to a more enjoyable and satisfying life. Personal care provides some exercise and therefore aids the elderly person physically. It affects behavior and attitudes and may prompt the aged to become more active outside the home if they are well-groomed. A great deal of information can be learned from the personal appearance and behavior of the elderly.

The elderly may need assistance in meeting some of their grooming needs perhaps due to physical limitations, behavioral problems, or emotional reasons. They may not remember to brush their teeth or comb their hair. It may be easier for the elderly person to overlook a stained garment or misbuttoned clothing due to poor eyesight or arthritic hands. Taking care of grooming needs requires great energy and effort; therefore, it often becomes an exhausting ordeal for the elderly.

The elder care provider must be careful when assisting the elderly with basic grooming needs. Being overly helpful can create too great a dependence on the care provider and create low self-esteem in the elderly person. Most adults have been independent throughout their lives and it is often a difficult transition when having to depend on others, especially to meet personal needs. It is imperative that the care provider be as efficient, pleasant, and understanding of the elderly person as possible. It is important for the elder care provider to assist the elderly, but the care provider must encourage elderly persons to do as much for themselves as possible.

## ORAL HYGIENE

**Oral hygiene** should be included in the elderly person's daily grooming routine. The status of the teeth and gums affects the total health of the person. Oral care is given to cleanse the mouth, keep the gums in good condition, prevent tooth decay, prevent bad breath, protect the mucous membrane from drying and cracking, prevent sores and ulcerations, reduce the danger of infection, provide daily observation for problems such as ill-fitting or broken **dentures** or signs of decaying teeth, and prevent **plaque** build-up. Plaque is a colorless film of bacteria that continually builds on the teeth. Brushing the teeth helps to remove the build-up of layers of plaque. If plaque is not removed daily, teeth will begin to decay and form cavities. Plaque is also the major cause of gum disease or **periodontal** disease. In adults, gum disease is the major cause of tooth loss, not cavities. Poor oral hygiene may also lead to loss of appetite and weight. Healthy teeth and gums, as well as properly fitted dentures, are essential to chew and digest food.

Elderly persons may have full dentures, partial dentures and some of their own teeth, or all of their own teeth. Full dentures means all the teeth are missing and have been replaced by artificial ones. Partial dentures means some of the teeth are original and some have been artificially replaced.

### PRINCIPLES OF ORAL HYGIENE

The following principles of oral hygiene will be helpful when the care provider is assisting an elderly person with oral care:

- Soft-bristled toothbrushes are best because they do not irritate the gums.
- Rubber gum stimulators, dental floss and oral hygiene appliances may be helpful.
- Warm, mildly salty water makes a good mouthwash.
- The mouth should not be neglected no matter how ill the elderly person may become.

- Lemon juice and glycerine on cotton swabs may be used successfully on even an unconscious person, if instructed by the the person in charge.

- The elderly person should be encouraged to do as much of the oral hygiene as possible for himself/herself.

- Care of the mouth should be attended to daily.

- Special care should be used with dentures.

## PROCEDURES FOR ORAL HYGIENE FOR BEDRIDDEN ELDERLY PERSON

Whether working in a private home or an elder care facility, the care provider may be ask to assist with oral hygiene for an elderly person. In cases where the elderly person is ambulatory, the care provider can encourage the person to carry out oral hygiene tasks. In other situations when the elderly person is bedridden and needs assistance, the care provider should assemble the following items:

- basin

- cup of fresh water

- drinking straw for water, if needed

- tissues

- toothbrush

- toothpaste or baking soda

- towel

The care provider will assist the elderly with oral hygiene only when instructed by a supervisor or the person in charge. The procedures for assisting a person with oral hygiene include:

- Gather supplies.

- Wash hands.

- Tell the elderly person what is going to be done.

- Place towel under the person's chin to protect bedclothes.

- Pour water over toothbrush and put toothpaste or baking soda on brush.

- Carefully place toothbrush into mouth with bristles down. Turn toothbrush with bristles toward teeth and with up and down motion brush all tooth surfaces.

- Provide a cup of water to rinse mouth and put basin near chin for return of fluid.

- Remove basin.
- Wipe the person's mouth and chin and remove towel.
- Clean and put away supplies and wash hands.

## PROCEDURES FOR HELPING ELDERLY WITH CARE OF DENTURES

When assisting the elderly with the care of dentures, the care provider must be extremely careful to avoid breaking or misplacing the dentures. The care provider should encourage elderly persons to wear their dentures. The care provider should use extreme care when handling the dentures of an elderly person. Dentures are expensive and could break if dropped on a hard surface. When the dentures are left out of the mouth, they should be placed in a container with enough water to cover them. The care provider should encourage elderly persons to place their dentures in a denture cup or small container. Many elder care facilities prefer to have the name of the person on the cup or container. Privacy should be provided for the elderly person when dentures are being cleaned. The care provider should encourage the elderly persons to clean their own dentures when they are able. The following procedures will help the care provider assist the elderly person with care of dentures:

- Assemble supplies (basin if person cleans own dentures), cup with fresh water, mouthwash, tissues, toothbrush or denture brush, toothpaste or denture powder or tablet.
- Wash hands.
- Discuss with the elderly person what you plan to do.
- Ask the person to remove dentures if able to do so. This often gives the elderly a sense of independence and frees them from any sense of embarrassment.
- Put dentures in cup to remove them to bathroom for cleaning.
- Hold dentures in palm of hand under gentle flow of cool water over a cup of water. This will cushion dentures should they be dropped.
- Brush all surfaces until clean with toothbrush and toothpaste.
- Thoroughly rinse dentures under cold running water.
- Put dentures in clean cup and return to the person.
- Allow person to rinse mouth with mouthwash before replacing dentures.
- Use tissue to hand dentures to elderly person.
- Clean and put away supplies.

- Wash hands.

The care provider should report any signs of poor fitting dentures, sores in the mouth, or the inability to chew food to the person in charge. Usually the dentist can reline the dentures to improve the fit.

## NAIL CARE

Care of the fingernails and toenails is a very important part of personal care. Good care will prevent infection, stop bacteria build-up under the nails, and keep them harmless. The care provider should soften brittle nails of the elderly person by soaking the nails in warm water before attempting to cut and file to make this procedure easier and safer. The care provider can cut the nails of an elderly person only when special instructions are given from the person in charge. In a private home situation, the care provider should never cut the toenails of a diabetic or a free bleeder without special permission from the person's doctor or the family member responsible. In an elder care facility, a doctor's order is needed for trimming the nails of an elderly person with medical problems such as diabetes and the nails are always trimmed by a licensed nurse or a physician (**podiatrist**). Diabetics have poor circulation. Therefore, the slightest nick in the skin could result in diabetic ulcers that heal slowly or sometimes never heal. A nick or cut in the skin of a free bleeder may require medical attention. Toenails should be cut straight across to avoid ingrown nails. A wisp of cotton can be tucked under the nail to prevent pressure on the toes when the toenails tend to grow inward at the corners.

The care provider should not paint nail polish on an elderly person's nails unless given special permission from the person in charge. Unpolished nails are used to check circulation and other conditions of the body. The polish on nails makes it impossible to observe these conditions.

### PROCEDURE FOR FINGERNAIL CARE

Some elderly women may prefer to have a professional **manicure** (care of fingernails) or **pedicure** (care of toenails) by a manicurist. Some elderly persons who are handicapped, very ill, or who have had a lengthy hospitalization may need assistance in caring for their nails. In situations where the elderly person needs assistance with nail care, the care provider should assemble the following items:

- bowl or small container of warm, soapy water
- nail file
- emery boards
- nail clippers and manicure scissors
- orange stick
- softening cream

- towel
- nail polish (clear or light color used in some situations)

The procedure for assisting an elderly person with nail care include:

- Assemble and organize supplies.
- Prepare warm, soapy water in bowl or small container.
- Place the bowl or container on a towel at a convenient height and position for the person.
- Ask the elderly person to soak the fingers on the right hand about five minutes in the bowl.
- Remove the person's right hand from the bowl.
- Dry the hand and the nails—pushing the cuticle back gently with the towel. Softening creams are also helpful to soften the cuticles.
- Place the left hand of the elderly person in the bowl or container of warm, soapy water.
- Use a fine emery board to shape the nails in an oval (or follow the contour of the fingertips) on the right hand. File from the outer edge toward the center on each side of each nail.
- Use an orange stick to clean under the fingernails. A sharp metal file should not be used to clean under the nails.
- Rub lotion or cream on the hands to keep them soft and moist.
- Repeat procedure for left hand.
- Polish nails of female if desired by elderly person and if instructed to do so.
- Report any unusual condition of the hands or feet, or ingrown nails to the person in charge.

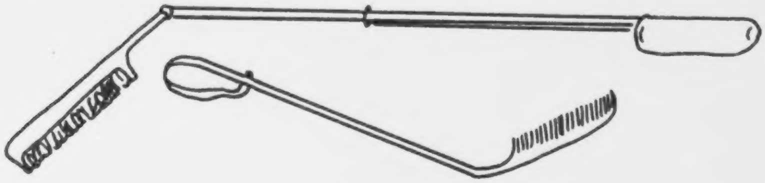
## HAIR CARE

The elderly person needs regular hair care. Brushing the hair helps to circulate blood in the scalp. Brushing also helps to spread natural oils from the scalp, removes dirt, and eliminates the problem of dull, lifeless, or matted hair.

Due to loss of **pigmentation**, hair becomes gray and eventually whitened. It is believed that decreased circulation causes loss of pigment. Hair becomes thicker in some areas such as the eyebrows or face and thinner on the scalp, especially in males. Hair thinning may be caused by several factors: heredity, scalp infections, fatigue, severe illnesses, or emotional strain. Nearly 75% of the male population over age 40 shows some signs of balding. Balding can also occur in women, but much less frequently. Hair thinning is frequently seen with older women.

The care provider should encourage elderly persons to brush their hair because it provides exercise and boosts the morale. The care provider may need to assist elderly persons who are unable to brush their hair. When brushing the elderly person's hair, the care provider should be gentle because the elderly person's scalp is often very sensitive.

For elderly persons with limited mobility in the arms and hands or a limited reach or grasp, long handled combs and brushes may be helpful. The combs are available in several different designs to meet particular needs. The models vary from expandable and extendable handles to adjustable angles of the comb. These devices are fairly inexpensive and can be purchased through most pharmacies and hospital supply houses.



In addition to combing and brushing hair as frequently as needed, the elderly person will need an occasional shampoo. If the person is able to bend over a sink or able to sit in a chair and lean back over a sink, shampooing should be fairly easy. Some elderly persons, especially women, may prefer and enjoy having their hair done by a professional hair stylist. At other times the care provider may need to assist with the shampoo.

## SHAMPOO PROCEDURES FOR THE MOBILE ELDERLY PERSON

- Locate and organize all needed materials (towels, shampoo, brushes, and combs).
- Secure a towel around the shoulders of the person.
- Check to see that all hair clips, pins and combs are removed.
- Ask the person to remove any jewelry, glasses and the like that might interfere with the shampoo.
- Inspect the person's hair and scalp for any signs of scalp irritation.
- Brush the hair.
- Seat or position the person as comfortably as possible.
- Regulate water force and test temperature of water.
- Wet the hair thoroughly. Be sure to avoid spraying the face of the person.

- Massage scalp and hair gently, but firmly:
  Begin at the side (hairline) and massage the scalp upward with a back and forth motion. Use finger pads and avoid using fingernails. Continue this pattern of motion working in an overall upward motion until all areas of the scalp are massaged. Pay special attention to the hairline.

- Adjust water temperature.

- Rinse hair.

- Shampoo hair for second time.

- Rinse hair, checking that all shampoo is removed.

- If appropriate, apply cream rinse or other things person desires. As a substitute for a commercial cream rinse, two tablespoons of vinegar or lemon juice in two cups warm water may be used. Rinse thoroughly. Towel dry, gently.

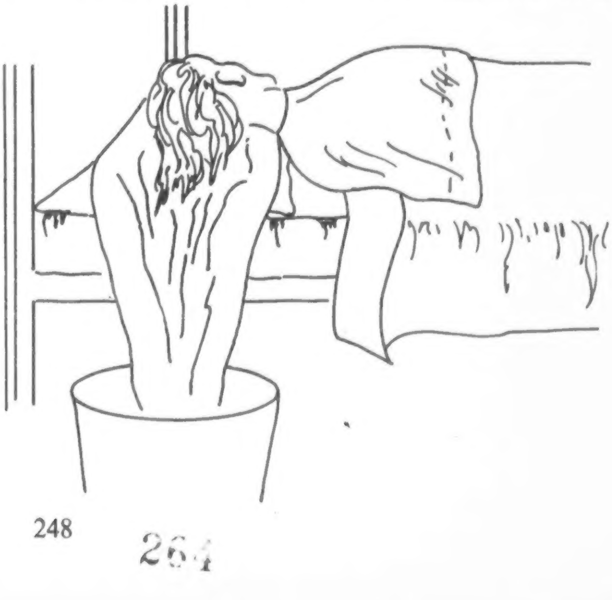
- Gently comb hair with a clean comb removing all tangles.

- Style hair according to the wishes of the elderly person. Long hair can be braided or rolled to avoid tangles.

- Dry hair.

## SHAMPOO PROCEDURE FOR THE BEDRIDDEN ELDERLY PERSON

When working in services for the elderly, the care provider may have an elderly person who requires a bed shampoo. The care provider will assist or give a shampoo to the bedridden elderly person only when instructed to do so by the person in charge. Shampooing the hair of bedridden elderly person can be accomplished without too much difficulty. The person should be positioned in bed so that most of the head clears the bed. A piece of rubber sheet should be placed under the head with the edges raised by towels to produce a funnel effect in order to direct the water flow to a basin on the floor or on a low stool.



Adapt basic procedures for giving shampoo. A spray nozzle might be used to help with shampoo and rinsing. The care provider should take care to avoid chilling or tiring the elderly person. Dry hair immediately. It is extremely important that hair be dried as wet hair can be a cause of illness in older people.

The elder care provider should be aware that dry shampoos are available. Depending upon the policies of the elder care facility or the private home situation, dry shampoos may be used occasionally. Sometimes the elderly person may decline from having a wet head but prefer and enjoy a dry shampoo.

## STYLING THE HAIR

Depending upon the style preferred, the elder care provider may use a blowdryer, pincurls, hair rollers or curling iron. The care provider should be very careful because their scalps may be extremely sensitive.

## HEAD LICE

Head lice are easily spread from one person to another. They are commonly transmitted by close contact and the use of infested combs and brushes. In private home situations, the care provider should encourage the person to see a doctor or public health nurse if there are any signs of head lice. In an elder care facility, the care provider should report any sign of head lice to the person in charge. The care provider can guard against head lice by avoiding close contact with the infected person.

## SHAVING

Most men like to shave daily because it makes them feel and look good. Either an electric or hand razor can be used, although electric shavers are usually considered to be safer. If able, the elderly person should be encouraged to shave himself. In some situations the care provider may be ask to assist with shaving. The care provider can assist with shaving only when following the instructions of the person in charge. When assisting with a shave, the care provider should assemble the following equipment:

- towel
- washcloth
- mirror
- electric shaver or hand razor (if hand razor is used, the care provider will need to include a very sharp razor blade, shaving cream, and a basin of warm water if the sink cannot be used).
- aftershave lotion

The following steps should be followed when assisting with a shave:

- Ask the person to sit or stand so face can be seen in mirror.
- Be sure good lighting is available.
- Place the towel across the chest and around the shoulders.

**Electric Shaver**:

- Gently shave, moving the shaver with the beard's grain.
- Apply aftershave lotion, if desired.

**Hand Razor**:

- Wet the skin.
- Apply shaving cream gently all over the beard to soften hairs. Soaps are often too irritating and drying to the skin.
- Keep the skin and razor wet at all times while shaving.
- Hold the skin firmly and gently pull the razor in the direction of beard's grain. Begin at the cheeks and work toward the chin using short strokes. Special care should be taken around the neck and under the nose.
- Rinse off the razor in warm water when shaving cream builds up.
- Rinse off the face and pat dry with towel.
- Apply an antiseptic such as alcohol or shave stick antiseptic to any nicks or cuts.
- Apply aftershave lotion, if desired.

## TRIMMING BEARD OR MUSTACHE

Some elderly gentlemen may enjoy maintaining a mustache or beard. A full beard is convenient for those that do not like to shave. Both a beard or mustache needs to be kept trimmed and shaped. The care provider may be asked to assist in trimming the mustache or beard. A beard or mustache should be kept trimmed around the mouth so as to not interfere with eating.

Washing a beard is very important to keep bacteria from growing at the root of the beard. A mild shampoo should be used on the beard to keep it clean and leave the hair soft. The beard should be shampooed away from the face to prevent its rough texture from irritating the face. A dandruff shampoo should never be used when flaking occurs in the beard. The flaking is usually the result of either insufficient rinsing of the beard after shampooing or of not drying the beard correctly. A damp beard also encourages the growth of bacteria. Therefore, it is important to dry a beard thoroughly. Rubbing the beard with a towel will usually dry the beard. A beard dries quickly because the water rolls off. A blow dryer should never be used to dry the beard because the heat is too intense for tender facial skin. The beard should be combed with a wide-toothed comb before it tangles. The beard should be combed before it is brushed. The beard should be combed and brushed in the direction the elderly person wants the beard to lie. In most cases, the beard is combed and brushed in a downward motion. Short downward strokes are used to round the whiskers along the jaw.

## PROCEDURE FOR TRIMMING A BEARD OR MUSTACHE

The care provider should trim a beard or mustache only when instructed to do so. The following procedure will be helpful to the care provider when assisting the elderly with the care of a beard or mustache.

- Trim only a dry beard or mustache.
- Brush beard up with firm, but not vigorous strokes to avoid irritating the skin. The brush strokes should move through the beard. Avoid brushing only the surface of the beard.
- Comb beard out gently. Rough motions with the comb can break the hair as well as irritate the face.
- Use fingers to remove any tangles or knots.
- Use a magnifying glass or mirror to snip at the tips of the hairs for gentle shaping. Toenail clippers can be used to trim very short mustaches.
- Avoid rubbing aftershave lotion or cologne into a beard or mustache because the alcohol content will cause whiskers to dry out, and the beard or mustache will lose its naturally protective oils. If the elderly person wishes to have a beard or mustache removed, most of the hair should be removed with scissors before shaving. A razor used on the full growth could cause severe abrasion of the person's face.

## Points To Remember

- Hygiene is the practice or condition of preserving health.
- Good hygiene helps to maintain a positive self-image as well as build self confidence.
- It is important for the elder care provider to assist the elderly with grooming, but the care provider must encourage elderly persons to do as much for themselves as possible.
- Oral care is given to cleanse the mouth, keep the gums in good condition, prevent tooth decay, prevent bad breath, protect the mucous membrane from drying and cracking, prevent sores and ulcerations, reduce the danger of infection, provide daily observation for problems such as ill-fitting or broken dentures or signs of decaying teeth, and preventing plaque build-up.

- Plaque is the major cause of gum disease or periodontal disease.
- Gum disease is the major cause of tooth loss in adults.
- Soft-bristled toothbrushes are best because they do not irritate the gums.
- Care of the mouth should be attended to daily.
- Dentures should be handled very carefully to avoid breaking.
- Proper nail care will prevent infection and bacteria build-up under the nails, and keep them harmless.
- Toenails should be cut straight across to avoid ingrown nails.
- Brushing the hair helps to circulate blood in the scalp, spread natural oils from the scalp, remove dirt, and eliminate the problem of dull, lifeless, or matted hair.
- Hair thinning may be caused by heredity, scalp infections, fatigue, severe illnesses, or emotional strain.
- When curling or rolling hair of an elderly person, the care provider must be gentle, keep hair smooth, and avoid securing the hair tightly.
- A daily shave makes men feel and look good.
- A beard or mustache needs to be kept trimmed and shaped.

## Words To Know

dentures
hygiene
manicure
oral hygiene
pedicure
periodontal
pigmentation
plaque
podiatrist

## Questions for Review

1. What are the benefits of maintaining personal hygiene?
2. Why is oral care given?
3. What is the major cause of gum disease?
4. What is the major cause of tooth loss in adults?
5. What type of toothbrushes do not irritate the gums?
6. Why is good nail care an important part of personal care?

7. Why should toenails be cut straight across?
8. Discuss the causes of hair thinning.
9. Discuss the importance of properly caring for a beard or mustache.

# 32

# Dressing Assistance and Self-help Dressing Aids

**COMPETENCIES TO DEVELOP**

- Analyze how clothing can be adapted to meet the needs of the elderly.
- Assist the elderly with dressing needs.
- Analyze self-help dressing aids which can be made to ease the task of dressing and undressing for the elderly.

**OBJECTIVES TO ACHIEVE**

- Describe how clothing can be adapted to meet the needs of the elderly.
- List the steps in assisting the elderly to dress.
- Give examples of self-help aids for dressing.
- Demonstrate how to make self-help aids for the elderly.

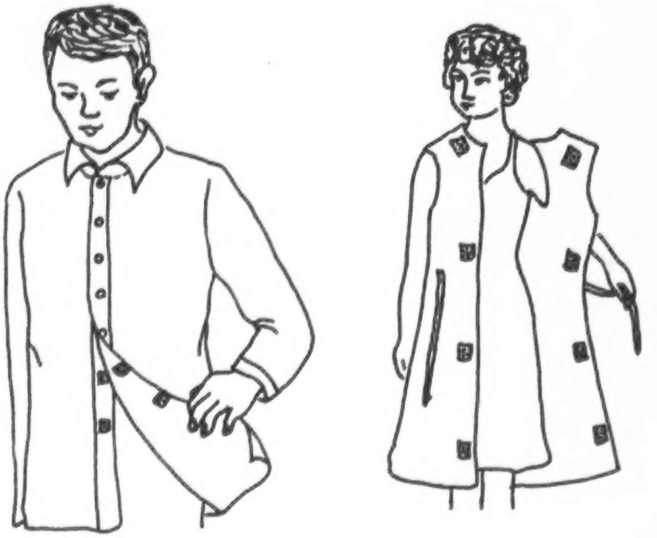
## CLOTHING ADAPTATIONS

To meet the needs of the elderly, clothing can be adapted to allow for decreased physical strength, limited finger dexterity, partial paralysis, limited range of motion, or other health-related or safety reasons. **Clothing adaptations** can be made for the elderly to enable them to be more self-sufficient in dressing.

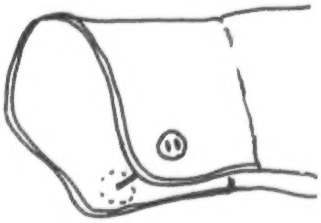
### ADAPTING FASTENERS

Velcro can replace zippers, hooks and eyes, and other fasteners. It can replace the use of buttons although the buttons remain on the garment. The Velcro is sewed over the buttonhole and on the backside where the button is attached. Substituting the Velcro for buttons and buttonholes gives the garment a buttoned appearance.

Back opening bras for women can be closed and reopened in front by adding hooks and eyes or Velcro for the fastener. Back **closures** on garments, such as buttons and back zippers, can be changed to a front opening. If there is a center front seam, a zipper or Velcro may be added. A metal ring or decorative tab can be added to the zipper pull for easier grasping.



Small buttons and buttonholes can be replaced with larger buttons and enlarged buttonholes. Buttons on slacks and skirts can be replaced with a large hook and bar or Velcro. Buttons can be reattached with elastic thread so the hand can slide through the sleeve without being unbuttoned.

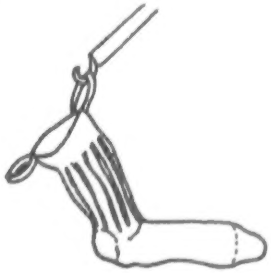


Buttons can be reattached with thread shanks so they are easier to grasp.

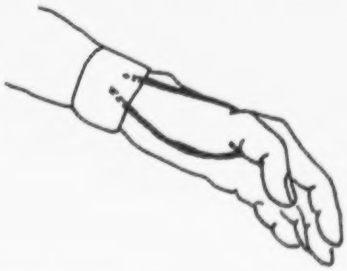
Fabric that is scratchy can be lined with a soft fabric next to the skin. In ready-to-wear garments, specific areas of the garment that are scratchy can be reinforced with soft fabric.

When a garment fits too tightly, the seams can usually be let out to give additional room for comfort. When the seam allowances are too narrow to give the needed room, coordinated fabric can be inserted to provide fullness.

For a person with limited reach, fabric loops can be attached to the tops of socks and pants which can be pulled up with hooks on dowel sticks or boot hooks.



Elastic loops can be sewed to shirt or sweater cuffs for ease in dressing or undressing. By placing the loop around the thumb, a coat or jacket can be slipped on without the shirt or sweater sleeves pulling up.



## DRESSING ASSISTANCE

Many older people are quite capable of dressing and undressing themselves. Others will need assistance from the elder care provider. When instructed to assist the elderly with dressing, the care provider should follow these steps:

1. Provide privacy.

2. Wash hands.

3. Gather clothing which the elderly person has selected.

4. Assist with removing pajamas, gowns, or other clothing.

5. Assist with putting on clothing. If the person has a weak or paralyzed arm or leg, that body part should be placed in the garment first followed by the other arm or leg.

6. After the outer garments are on, assist with the shoes and socks. Different methods of dressing will have to be adapted to individual needs. The elder care provider should encourage elderly persons to be as independent in their dressing as they are able to.

## SELF-HELP AIDS FOR DRESSING

Dressing or undressing can be a very time-consuming and burdensome task for the elderly with physical limitations or restrictions. Bending over to pull up socks or to tie shoes is often impossible for someone with a limited range of motion or partial paralysis. Buttoning a shirt or blouse can be frustrating and sometimes impossible for one with arthritis or poor finger **dexterity**. Pulling on and pushing off clothing is extremely difficult when range is restricted. The ability to dress and undress with limited or no assistance from the care provider helps the elderly to feel more independent and builds self-esteem.

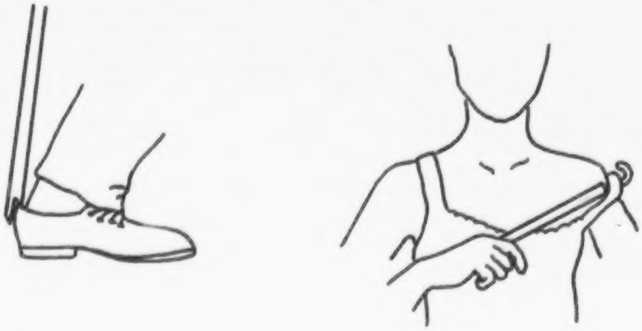
A few **self-help aids** can be purchased at hospital supply houses and a few stores. Some self-help aids can be made at home. There are several simple, easy-to-construct clothing aids which help to ease the task of dressing for the elderly person.

The aids have a wide range of use and cover a wide range of disability. Some of the gadgets have no commercial equivalents, are fairly easy to make, and are inexpensive. The **bootjack** which makes removing boots or shoes easier when strength or range is limited may be less expensive to buy than make.

Some elderly persons, will take pride in assisting in the construction of these dressing aids. It will help to boost personal morale and self-esteem if the elderly person is able to help build a gadget.

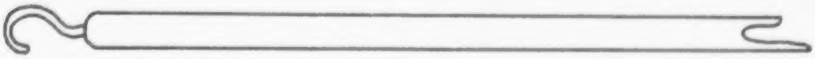
By making one's clothing aids, the aids can be made to meet individual specifications. Purchased aids often come in just one size, style, or length. For example, a homemade **dressing stick** can be twelve inches or twenty-two inches in length depending on individual needs. Most of the aids are fairly simple and fun to construct.

### Dressing Stick



**Purpose**

To aid in pulling on or pushing off clothing when range is restricted. Very useful for pulling on socks and stockings, pulling up straps, or lifting a coat off the shoulders, also helpful for pulling zippers or tightening shoelaces. May also be used in maneuvering objects beyond reach such as a light switch or cups on hooks.



groove (for pushing) must
be smoothly rounded

**Materials**.

½″ x ⅝″ wood of desired length (e.g. 15″, 21″)

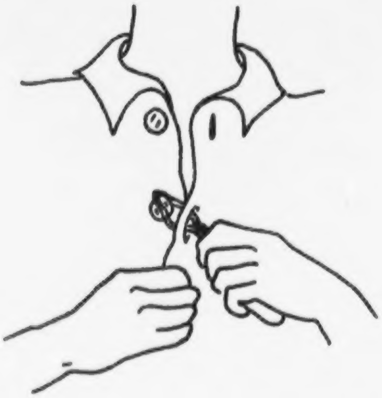
cup hook—⅞″ to 1 ½″ size depending on preference

a small magnet may be attached at one end to facilitate picking up pins and other small metal objects.

**Alternatives**:

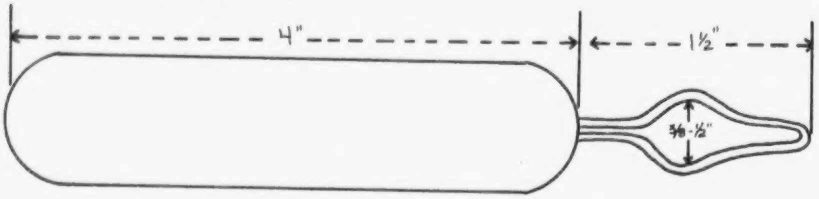
A wire clothes hanger, pulled into a long loop makes a versatile aid.

## Buttonhook



**Purpose**:

To **facilitate** buttoning when dexterity and reach are poor or only have the use of one hand.



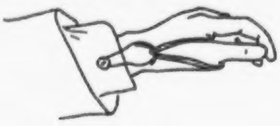
length and diameter of handle appropriate to hand using it.

size of loop depends
on size of buttons
(for medium size)

**Materials**:

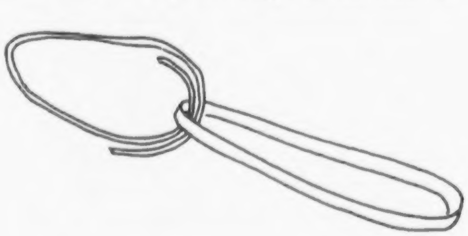
Firm wire embedded in handle should be fine wire. Handle of wood dowel, plastic, or other material.

## Sleeve Anchor



**Purpose**:

To keep jacket sleeve from crawling up when pushing arm into overcoat. It avoids having to grip the edge of the sleeve.



**Materials**:

A rubber band, attached to a wire loop (e.g. re-bent paper clip), big enough to fit over jacket button.

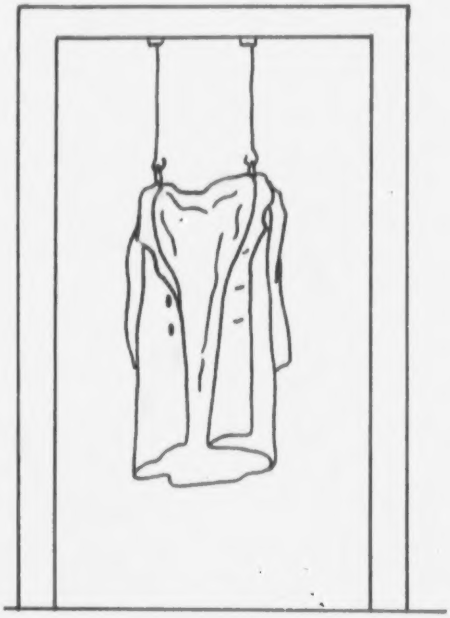
**Method**:

With jacket on, hook loop over button, then slip elastic over thumb before putting arm into overcoat. Carry in pocket so it is handy when needed.

### Overcoat Hanger

**Purpose**:

To support the overcoat so that shoulders are relieved of the weight when putting it on.



**Materials**:

Two strong staples are fastened to the top of a door frame, a shoulders' breadth apart. (Rings on a clothes closet rod will also work.)

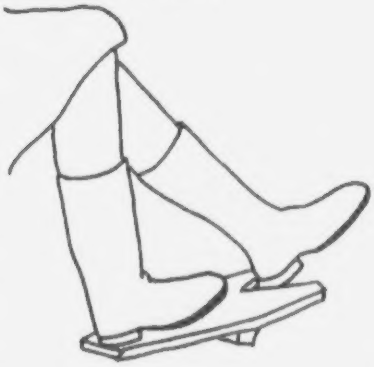
A strong cord is attached to each, with a strong hook at the end.

Loops made of shoelaces are sewn inside the coat, under the lapel so as to be invisible from the outside.

**Method**:

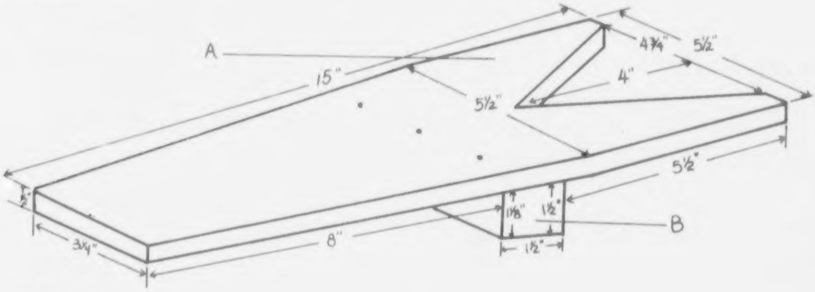
Hang coat on hooks so that it is at shoulder level. The individual will back into the coat, pushing arms into sleeves. Undo hooks.

## Bootjack



**Purpose**:

To assist in removing boots or shoes when strength or range is limited.


A
15"
5½"
4¾"
5½"
4"
5½"
½"
3¼"
8"
1⅛"
1½"
1½"
B

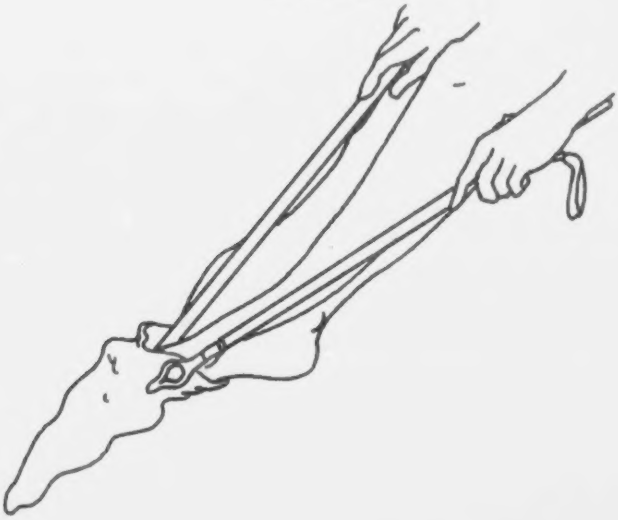
**Materials**:

| | |
|---|---|
| A—1 platform; 15″ x 3¼″ | 5½″ x ½″ |
| B—1 support; 5″ x 1⅛″ | 1½″ x 1½″ |

3 screws

heavy rubber lining for notch

## Sock Sticks



**Purpose**

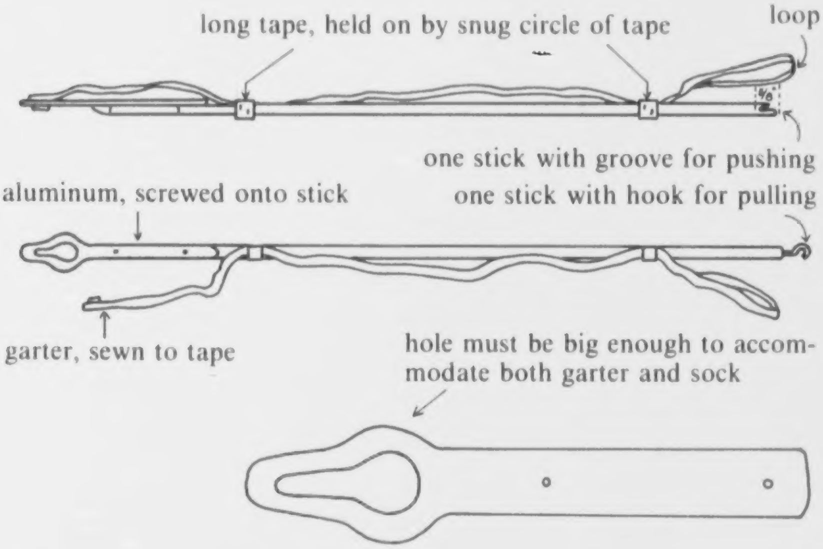
To put on socks when feet cannot be reached with hands.

**Limitations**:

Good ankle range is necessary to use these satisfactorily.

**Method**:

Attach a stick to each side of sock opening. Lower to foot and pull sock on. Release garters by pulling tape loops.


long tape, held on by snug circle of tape
loop
one stick with groove for pushing
aluminum, screwed onto stick
one stick with hook for pulling
garter, sewn to tape
hole must be big enough to accommodate both garter and sock

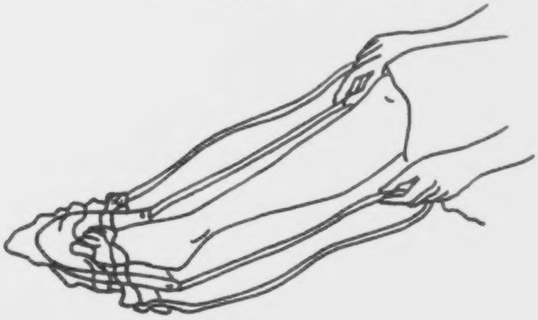
**Materials**: **(for one pair)**

2 of ½″ x ½″ wood, of length desired (e.g. 18″, 27″)

2 aluminum attachments (see above pattern) made from 65 ST 6 .064 (14 ga.) sheet aluminum, i.e. firm aluminum that will stand up to pressure

2 garters (hose attachments)
metal and cloth type is better than plastic, as it has a deeper neck and will accommodate thicker material.

Stocking or Sock Aids



**Purpose**:

To aid in putting on stockings and socks when the hands cannot reach the feet. Enables the individual to put the socks on while sitting or standing without bending over.

**Method**:

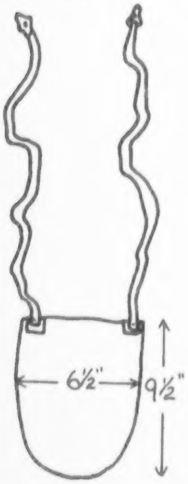
1. Attach one garter to each side of stocking or sock top.

2. Gather stocking or sock and pull over the toe of aid; do not pull past end. This will shape aid into a trough.

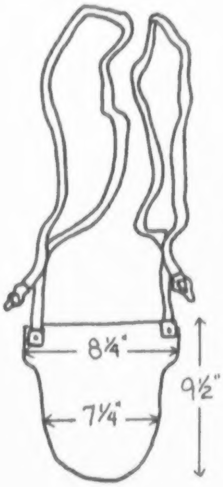
3. Holding a tape in each hand lower aid to feet. Insert foot into trough.

4. Gradually pull the aid over the foot and up the leg.

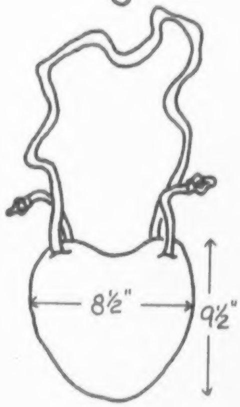
A



B



C



**Materials**:

A, B, C, —½″ nylon twill tape

A, B, C, —2 garters (hose supporters)

A, B, —nylon fabric (for smooth inner surface for foot to slide on)

A, B, —canvas (for rough outer surface to grip stocking)

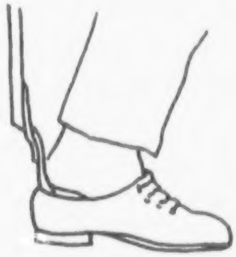
A, B, —1/16″ polyethylene, sandwiched between the nylon and canvas

C —⅛″ polyethylene

Type A and B are suitable for stockings. The nylon and canvas are sewn around the sides and curved end, then turned inside out to form a pocket. The polyethylene is inserted and the fabric sewn. Tabs of leatherette between rivet and fabric will deter tearing.

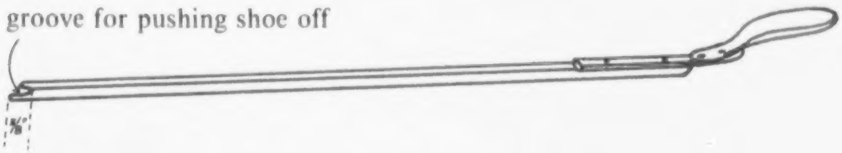
Type C, being more rigid is appropriate for socks. Garters may not be needed.

Long Shoehorn



**Purpose**:

To aid in slipping on shoes when reach is limited. May be used in conjunction with elastic or zipper shoelaces. When stabilizing the shoe is desired, two shoehorns may be used together. The extra long shoehorn allows the individual to put shoes on without bending or stooping.



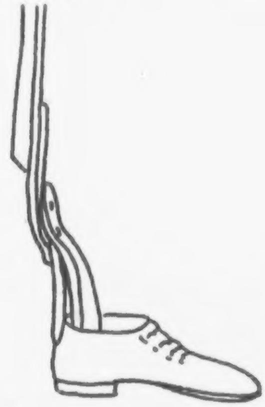
**Materials**:

½" x ½" wood of desired length, e.g. 18", 24", 30".

Metal shoehorn (two for double type).

5" x ½" x ⅛" firm aluminum 65 ST 6 (to support shoehorn).

double type



**Construction**:

1. Bend one end of aluminum to contour of shoehorn and rivet together. If using two shoehorns, separate with washers so shoe will fit between other ends.

2. Screw aluminum to wood.
3. Sand grooved end of wood smoothly so it will not snag socks.

## Points To Remember

- Adaptations can be made in clothes for the elderly to enable them to be more self-sufficient in dressing.
- Clothing adaptations add to the person's comfort and mobility, and make it easier for the person to dress and undress.
- Clothing can be adapted to meet the needs of the elderly due to decreased physical strength, limited finger dexterity, partial paralysis, limited range of motion, or for other health-related or safety reasons.
- Velcro can replace zippers, hooks and eyes, buttons and other fasteners.
- Back closures on garments, such as buttons and back zippers, can be changed to a front opening.
- A metal ring or decorative tab can be added to the zipper pull for easier grasping.
- Larger buttons, enlarged buttonholes, and buttons reattached with elastic thread or thread shanks are the easiest for the person to grasp.
- Fabric, or specific areas of garments that are scratchy, can be lined with soft fabric next to the skin.
- Letting out seams or inserting coordinated fabric in a garment provides additional fullness for comfort.
- Different methods of dressing assistance should be adapted to individual needs.
- Dressing and undressing can be time consuming and burdensome for the elderly with physical limitations or restrictions.
- There are several simple, easy-to-construct clothing aids which help to ease the task of dressing.
- Many dressing aids have no commercial equivalents, are fairly easy to construct, and are inexpensive.
- A dressing stick aids in pulling or pushing off clothing when range is restricted.
- A buttonhook facilitates buttoning when dexterity and reach are poor.
- A sleeve anchor or an overcoat hanger aids in putting on a jacket or overcoat.

- A bootjack can assist in removing boots or shoes when strength or range is limited.
- Stocking or sock aids and sock sticks aid in putting on stockings and socks when the hands cannot reach the feet.
- A long shoehorn aids in slipping on shoes when reach is limited.
- The elder care provider can make or assist with making the self-help aids.

## Words To Know

bootjack
buttonhook
closures
clothing adaptations
dexterity
dressing stick
facilitates
overcoat hanger
self-help aids
sleeve anchor
sock sticks

## Questions for Review

1. Why should clothing be adapted to meet the needs of the elderly?
2. Discuss the clothing adaptations that the care provider can make for the elderly person.
3. How can back closures on garments be adapted to allow for more ease in dressing?
4. How can a zipper be made easier to grasp?
5. How can buttons and buttonholes be made easier to grasp?
6. What adaptation measures should be taken for fabric that is scratchy to the individual?
7. What adaptations can be made for garments that fit too tightly?
8. How do fabric loops help the person with limited reach?
9. How do elastic loops add to the ease of dressing or undressing?
10. How can self-help aids meet some of the dressing needs of the elderly?
11. Name three advantages of making self-help clothing aids.
12. Which self-help aid helps in slipping on shoes when reach is limited?
13. What are the steps of making a long shoehorn?

14. What is the purpose of a sleeve anchor?

15. Which clothing self-help aid would help in pulling on or pushing off clothing when range is restricted?

16. Name the self-help aid which facilitates buttoning when dexterity and reach are poor.

17. Which self-help aids are helpful in putting on stockings or socks?

18. Which self-help aids would help in putting on a jacket or overcoat?

19. Name the self-help aids which are helpful in removing boots or shoes when strength or range is limited.

# References

Aiken, Lewis R. *Later Life*, 2nd ed. New York, NY: Holt, Rinehart and Winston, 1982.

American Red Cross. *Family Health and Home Nursing*, 8th ed. Garden City, NY: Doubleday and Company, Inc., 1979.

Hospital Research and Educational Trust. *Training The Nursing Aide*, 4th ed. Bowie, MD: Robert J. Brady Company, 1974.

Incani, Albert G., Barry L. Seward, and Jack E. Sigler. *Coordinated Activity Programs for the Aged: A How-To-Do-It Manual.* Chicago, IL: American Hospital Association, 1975.

Newman, Barbara M., and Phillip R. Newman. *Understanding Adulthood.* New York, NY: Holt, Rinehart and Winston, 1983.

Olsen, Larry K., et.al. *Health Today*. New York, NY: Macmillan Publishing Co., Inc., 1983.

Reese, Dorothy Erickson, Ethel Hughes, and Mary Jane Schrandt. *How to be a Nurse's Aide in a Nursing Home*, rev. ed. Washington, D.C.: American Health Care Association, 1982.

Roe, Daphne A. *Geriatric Nutrition*, Englewood Cliffs, NJ: Prentice-Hall, Inc., 1983.

Schwartz, Arthur N., Cherie L. Snyder, and James A. Peterson. *Aging and Life: An Introduction to Gerontology*, 2nd ed. New York, NY: Holt, Rinehart and Winston, 1984.

Trocchio, Julie. *Home Care For The Elderly*. Boston, MA: CBI Publishing Company, Inc., 1981.

# ASSISTANCE SERVICES
# FOR THE ELDERLY

## REFERENCE BOOK
## UNIT TESTS
## and
## ANSWER KEYS

VOCATIONAL HOME ECONOMICS EDUCATION DEPARTMENT
OF OCCUPATIONAL EDUCATION AND TECHNOLOGY

TEXAS EDUCATION AGENCY, AUSTIN, TEXAS

## CHAPTER I TEST

### Understanding the Elderly in the United States

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Which of the following statements is not true about the elderly in the United States?
- A. Today's elderly are healthier and better educated than past generations.
- B. There are more people over the age of 65 than there are teenagers.
- C. The fastest growing age group is that of people under the age of 80.
- D. Today the older population represents one out of every nine Americans.

__________ 2. The proportion of elderly people in the United States can be attributed to
- A. a decreasing mortality rate and a declining fertility rate.
- B. an increasing mortality rate and an increasing fertility rate.
- C. a declining fertility rate and a stable mortality rate.
- D. a disappearing mortality rate and a receding fertility rate.

__________ 3. On the average, individuals that reach the age of 65 can expect to live an additional
- A. 10 years.
- B. 5.9 years.
- C. 20 years.
- D. 16.8 years.

__________ 4. People grow older
- A. similarly, psychologically and biologically.
- B. biologically, psychologically, and socially.
- C. biologically and psychologically.
- D. socially and biologically.

__________ 5. Limited contact with older people outside of family members results in
- A. a better understanding of the problems of the elderly.
- B. a broad acceptance of the situation of the elderly.
- C. a narrow viewpoint of the elderly and aging.
- D. a realistic perception of the elderly individual.

_________ 6. According to the Census Bureau, all but one of the following age groups represent a category of the elderly, the nonrepresentative group is the
A. 50 to 64 group known as older.
B. 65 to 74 group known as elderly.
C. 75 to 84 group known as the aged.
D. 85 or older group known as the very old.

_________ 7. The percentage of elderly actually living in institutional settings is
A. 10%.
B. more than 5%.
C. 14%.
D. fewer than 5%.

_________ 8. Select the statement about aging which is a myth.
A. Older adults are often more innovative and open than young people.
B. Many older adults are lonely and isolated from family and friends.
C. The "rocking chair syndrome" is not true about older people.
D. Social policy often provides negative rewards that work against rather than for older people.

_________ 9. In 1961, the Second National Conference on Aging established right of the elderly which included the following, with the exception of
A. the right to live and die with dignity.
B. the right to freedom from want in old age.
C. the right to be useful.
D. the right of one's family to refuse financial support of the elderly.

_________ 10. Which of the following is not a future trend for the older population?
A. Elderly population rate will slow down in 1990 because of small number of babies born during Great Depression.
B. Elderly population will increase rapidly in 2010-2030 when baby boom generation reaches 65 years of age.
C. Elderly population will continue to keep pace with the rest of the population.
D. Four generation families will become more common.

__________ 11. Which of the following statements is not true about the ethnic influences upon the elderly?

- A. Ethnic groups have a special history in relation to the American social system.
- B. Stereotypes resulted from groups having differences in language, appearance, and customs.
- C. Family oriented ethnic groups are strong because the experience of younger generations are similar to that of the elderly.
- D. Each ethnic group belongs to a subculture that involves its own unique priorities and language differences.

## CHAPTER 2 TEST

### Services and Legislation for the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. Which of the following statements is not true about the Federal Council on Aging?

A. The Federal Council on Aging was developed to provide for Medicare and Medicaid.
B. The Federal Council on Aging was developed to make recommendations concerning the needs of the elderly.
C. The Federal Council on Aging placed public focus on the elderly and their problems.
D. The Federal Council on Aging was followed by the Second National Conference on Aging and later the Department of Health, Education and Welfare.

______ 2. The Older Americans Act of 1965 makes

A. one of the most important legislative contributions to the aging.
B. supportive services to victims of Alzheimer's disease and their families a priority service.
C. available community-based, long-term care services to help older people remain in their own homes.
D. little difference because the Older Americans Act Amendments were passed in 1980.

______ 3. Homemaker services

A. offers assistance to home-bound elderly.
B. serves meals at senior citizen centers.
C. investigates complaints on behalf of nursing home residents.
D. provides opportunities for civic-minded retired persons.

______ 4. Nursing Home Ombudsman Services

A. offers physical monitoring services to the elderly.
B. provides opportunities for civic-minded retired persons.
C. offers legal counseling and outreach services to elderly.
D. investigates complaints on behalf of nursing home residents.

_________ 5. Senior citizen discounts are important because

A. another 25%-35% is taken off the regular price of allowable items.

B. another 25% is taken off the wholesale price of allowable items.

C. small savings on allowable items can amount to many dollars over a period of time.

D. the elderly do not need to apply for it every year.

_________ 6. The following goals were set by the Long-Term Council for the Elderly except for

A. expanding the role of volunteerism.

B. developing qualified personnel.

C. reducing the utilization of research on aging.

D. coordinating public, private, and voluntary long-term services for the elderly.

_________ 7. The Aging Network is important because

A. it makes certain that the same needed services are available from various agencies and organizations so no elderly person needing the services is overlooked.

B. it works closely with other state and local organizations, creating needed services for the elderly where none exist.

C. one national agency is responsible for assessing the needs of the elderly rather than area agencies being responsible.

D. one statewide agency is responsible for creating needed services for the elderly rather than area agencies being responsible.

_________ 8. Advocacy groups serving the elderly

A. inform members about legislative issues of special concern to older persons seek congressional support for needed change.

B. accomplish very little which is of benefit to the elderly population.

C. have few members and are not well-known nationally.

D. include such groups as the Rocking-Chair Retired and the Graying Legislature.

_________ 9. One of the basic goals of all the duties of the elder care provider is to

A. avoid bothering the elderly person with decision making.

B. enable the needs of the elderly to be met.

C. make decisions for the elderly person.

D. encourage dependency from elderly person.

__________ 10. Enablers

A. meet all needs of the elderly by themselves.
B. tell others of the elderly person's problems.
C. support minimum independence for the elderly person.
D. make it possible for things to get done and needs to be met.

## CHAPTER 3 TEST

### Job Opportunities In Services For The Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Services for the elderly
A. is devoted to caring for the elderly.
B. is interested in hiring the elderly.
C. is a planned benefit service.
D. is a service with a decreasing need.

__________ 2. Services for the elderly offers
A. limited job opportunities.
B. jobs in very few communities.
C. employment to the elderly.
D. a broad range of job opportunities.

__________ 3. The reasons people are living longer include all but one of the following which is
A. better nutrition.
B. family communication.
C. health care.
D. living conditions.

__________ 4. The percentage of the United States population over 65 years of age is
A. 10%.
B. 12%.
C. 20%.
D. 5%.

__________ 5. Entry-level positions in services for the elderly may require close professional supervision when performing duties such as
A. personal care and health care.
B. health care.
C. personal care, health care and domestic chores.
D. domestic and personal care.

__________ 6. Opportunities for advancement from an entry-level position to a higher-level job are through
A. on-the-job experiences.
B. Licensed Practical Nurse (L.P.N.).
C. the completion of a high school diploma.
D. job experiences, further education and Licensed Practical Nurse (L.P.N.) training.

__________ 7. Entry-level positions which require assisting with grooming, bathing, selecting and caring for clothing are duties which are referred to as

A. domestic chores.
B. health care.
C. personal care.
D. grooming care.

__________ 8. The reward for many care providers working in services for the elderly is the

A. wage increases.
B. self-satisfaction.
C. hours of work.
D. friendly co-workers.

__________ 9. Entry-level positions which require dishwashing, feeding pets, taking messages are duties referred to as

A. grooming care.
B. personal care.
C. health care.
D. domestic chores

__________ 10. Entry-level positions which require back rubs, exercises, observing and recording TPR are duties referred to as

A. health care.
B. grooming care.
C. domestic chores.
D. personal care.

## CHAPTER 4 TEST
### Employee Qualifications

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Which of the following is not a desirable characteristic for individuals working in services for the elderly?
A. good work habits
B. physical and mental well-being
C. low energy level
D. time management skills

_______ 2. Factors affecting the physical capabilities of individuals working in services for the elderly include
A. posture, sleep, rest, nutrition, exercise, and personal hygiene.
B. posture, sleep, rest, nutrition, and exercise.
C. posture, physical endurance, and exercise.
D. physical endurance, exercise and nutrition.

_______ 3. Desirable attitudes for working in services for the elderly include
A. honesty, loyalty, confidentiality and disrespect.
B. self-confidence commmunication skills.
C. tactfulness, honesty, and self-confidence.
D. patience, tactfulness, friendliness, and tolerance.

_______ 4. Ethics important for job success when working in services for the elderly include
A. confidentiality, friendliness, and kindness.
B. loyalty, honesty, respect, and confidentiality.
C. respect, honest, patience, and dependability.
D. loyalty, tolerance, empathy, and flexibility.

_______ 5. Other qualities helpful to care providers working with the elderly include
A. communication skills, a sense of humor, and a genuine interest in people.
B. non-verbal communication skills and body language.
C. popularity with peers, a sense of humor and self-confidence.
D. a genuine interest in people and sports and a sensitivity to aging.

_________ 6. Individuals in services for the elderly should develop good work habits such as
- A. telling only close friends information concerning the situation or treatment of an elderly person.
- B. being on time to work, and only visiting with co-workers before starting tasks.
- C. making personal phone calls when one work task is completed and before starting the next task.
- D. being on time to work, avoiding the misuse of work time and keeping confidences of the elderly person.

_________ 7. Knowing the rules governing smoking, coffee breaks and the times for meals is a responsibility of the
- A. elderly person.
- B. visitors.
- C. care provider.
- D. family members.

_________ 8. To protect themselves and others from infection, the care provider should wash their hands
- A. when they are dirty.
- B. before and after a care procedure.
- C. before a care procedure.
- D. after a care procedure.

_________ 9. Work simplification can be summarized in four words-
- A. evaluate, separate, arrange, and simplify.
- B. estimate, combine, arrange, and simplify.
- C. eliminate, combine, rearrange, and simplify.
- D. evaluate, eliminate, rearrange, and simplify.

_________ 10. Organization
- A. is not necessary for routine tasks.
- B. saves time and money.
- C. is preferred by care providers.
- D. saves energy and time.

# CHAPTER 5 TEST

## Physical Needs of the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_____ 1. Which of the following statements is not true about the changes that normally occur in the body as people age?
- A. Physical changes affect the attitudes, self-concept, and ability of people to perform daily tasks.
- B. People age at the same rate.
- C. Physical needs of the elderly vary.
- D. Tissues and systems within one person show differences in rates of aging.

_____ 2. Physical changes that occur and the rate at which they progress are affected by
- A. diet, exercise, stress, disease, environmental conditions and health care.
- B. environmental conditions, diet, health care, and disease.
- C. health care, disease, diet, exercise, and stress.
- D. diet, exercise, stress, disease, and environmental conditions.

_____ 3. The most obvious indicator of age is
- A. change in the internal organs.
- B. loss of independence.
- C. physical appearance.
- D. change in the sensory system.

_____ 4. Changes in the internal organs and systems include
- A. cardiovascular, muscular, sensory, urinary, and circulatory systems.
- B. circulatory and sensory systems.
- C. cardiovascular, skeletal, respiratory, sensory and digestive systems.
- D. Circulatory, respiratory, digestive, urinary, skeletal, and muscular systems.

_____ 5. Sensory changes which can be expected with normal aging include
- A. hearing, smell, taste, touch, and vision.
- B. vision, hearing, and smell.
- C. taste, touch, and vision.
- D. hearing, smell, taste, and vision.

__________ 6. Which of the following is not a change in motor abilities for the elderly?
A. Movement becomes more difficult.
B. There is increased stiffness in joints.
C. Ability to coordinate fine muscle movement increases.
D. Takes longer to recuperate from strenuous effort.

__________ 7. When caring for the elderly, one of the most important responsibilities of the care provider will be
A. making sure the elderly person gets adequate sleep and rest.
B. keeping a lookout for little changes that may signal a health problem.
C. observing reactions to medication.
D. providing for warmth to improve circulation.

__________ 8. Concerns related to slight changes in a person's physical condition should be reported
A. to the elderly person at once.
B. to family members immediately.
C. after two days observation.
D. to a superior immediately.

__________ 9. Which of the following is not a measure to lessen the effects of physical changes of the elderly?
A. Allow the elderly person with ulcers to walk around while using drugs and diet to promote healing.
B. Great caution must be taken in giving medications to elderly persons with kidney disorders.
C. A person with a respiratory problem needs little sleep.
D. Activity and exercise help in preventing constipation.

__________ 10. Which of the following statements is not a measure to lessen the physical changes of the elderly person's sensory system?
A. Unclutter surroundings aid the visually impaired elderly person.
B. Shorter sentences are easier for the hearing impaired to understand.
C. Good mouth and dental care can help the elderly person enjoy food more.
D. When touching an elderly person, it is necessary to use a light, gentle touch.

## CHAPTER 6 TEST

## Emotional Needs of the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_____ 1. Maslow's hierarchy of human needs consists of
- A. Self-fulfillment, self-worth, love, safety and security.
- B. Self-survival, self-worth, love, and physical needs.
- C. Self-fulfillment, self-worth, love, safety and security, and physical survival.
- D. Self-fulfillment, self-worth, safety and security, and physical survival.

_____ 2. Having enough to eat, fluids to drink, being able to breathe, and anything else needed to keep the body alive is
- A. security.
- B. physical survival.
- C. self-fulfillment.
- D. survival.

_____ 3. Which of the following is not a technique the care provider should use in helping the elderly person to feel safe and secure?
- A. Keep promises to do things as promised.
- B. Help the elderly person to maintain previous life patterns.
- C. Help the elderly person stick to developed schedules.
- D. Give short notice when older person is to be moved or taken somewhere.

_____ 4. The care provider can help an elderly person to feel loved by
- A. seeing that the elderly person has new belongings.
- B. making decisions for the elderly person.
- C. giving the elderly person a friendly hug.
- D. discouraging new activities.

_____ 5. Encouraging the elderly person to be as independent as possible will help the person feel
- A. strong.
- B. worthwhile.
- C. healthy.
- D. loved.

__________ 6. Social isolation
A. is a problem because old friends die or move away.
B. is an inevitable part of the aging process.
C. results because older people can not make new friends.
D. results when the care provider plans the activities.

__________ 7. The care provider can encourage and promote self-fulfillment for the elderly person by not
A. encouraging learning through clubs and books.
B. encouraging meeting other people.
C. limiting the discussions about the past.
D. helping the older person discover their strengths.

__________ 8. Which of the following statements is not true about the emotional changes associated with old age?
A. Many emotional changes occur as a result of various losses.
B. Most older people do not have the ability to cope with the losses.
C. Older people have the maturity to exchange the loss of one pleasure with something new.
D. Most older people can cope with the slowing down that comes with aging.

__________ 9. Death of loved ones, failing physical health, loss of status, prestige, and economic security
A. are losses which can develop into emotional problems if not handled correctly.
B. are losses which all people face sooner or later.
C. create few problems, except for the stress involved.
D. are coped with easily because of the maturity of the elderly person.

__________ 10. Sadness, feeling blue and crying spells, insomnia, decreased appetite, decreased weight, constipation, heart palpitations, fatigue, slowing of movement, and agitation are symptoms of
A. anxiety.
B. depression.
C. grief.
D. hypochondria.

__________ 11. The overconcern for one's physical and emotional health, along with physical complaints that have no medical basis is
A. paranoia.
B. anxiety.
C. hypochondria.
D. depression.

## CHAPTER 7 TEST

### Mental Needs of the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Mental abilities of the elderly decline for all the following reasons except for
    A. illness.
    B. adequate nutrition.
    C. isolation.
    D. disease.

__________ 2. Which of the following statements is not true about organic disorders?
    A. Some organic disorders are reversible.
    B. Some organic disorders are the result of permanent damage to the brain.
    C. Have a mental cause and are known as organic brain syndromes.
    D. Some organic disorders are not reversible.

__________ 3. Which of the following procedures will not help the care provider to minimize the confusion of a mildly confused elderly person?
    A. Giving reminders to the elderly person.
    B. Giving special attention to the elderly person.
    C. Keeping a watchful eye on the elderly person.
    D. Giving medication to the elderly.

__________ 4. The elderly person who is very confused
    A. should never be left alone.
    B. should be isolated.
    C. should not be reminded of current events.
    D. should not be told who friends or family members are.

__________ 5. The ability to retain information from a second to a few minutes is a
    A. normal memory.
    B. short term memory.
    C. long term memory.
    D. very long term memory.

__________ 6. Memories from the distant past to recent events is a
    A. normal memory.
    B. short term memory.
    C. long term memory.
    D. very long term memory.

__________ 7. Memory retention from 10 to 20 minutes is a
- A. normal memory.
- B. short term memory.
- C. long term memory.
- D. very long term memory.

__________ 8. Which of the following is not a cause of confusion?
- A. aging
- B. isolation
- C. heart disease
- D. low-blood sugar

__________ 9. Which of the following statements is not true about reality orientation?
- A. Reality orientation is designed to bring confused persons back to reality.
- B. Reality orientation can be used by the care provider.
- C. Reality orientation allows the confused person to to ramble occasionally.
- D. Reality orientation can be used by family members.

__________ 10. A procedure the care provider should avoid when using the technique of reality orientation is to
- A. call the confused elderly person by name.
- B. remind the confused elderly person of the care provider's name.
- C. argue about what is real or imagined by the confused elderly person.
- D. remind the confused elderly person of the time of day and what may be associated with it.

# CHAPTER 8 TEST

## Social Needs of the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. The ways individuals are expected to behave in certain situations or under different circumstances involving people is referred to as
   A. social etiquette.
   B. social behavior.
   C. social roles.
   D. Social obligations.

_______ 2. Which of the following statements is not a social need of the elderly?
   A. the need to belong
   B. the need to feel needed
   C. the need to be alone
   D. the need to replace roles that may have been lost

_______ 3. The social changes of the elderly which is a gradual separation from family, friends and the community is known as the
   A. engagement theory.
   B. activity theory.
   C. active theory.
   D. disengagement theory.

_______ 4. Social changes of the elderly in which the people who age the most successfully are those who maintain a high degree of involvement in life is known as
   A. engagement theory.
   B. activity theory.
   C. active theory.
   D. disengagement theory.

_______ 5. Elderly individuals, bedbound or confined to a wheelchair, can stay involved by helping their communities in the following ways except for
   A. making phone calls for telephone reassurance.
   B. delivering food for Meals-on-Wheels.
   C. writing a weekly column from an elderly person's viewpoint.
   D. making phone calls to encourage voter registration.

_________ 6. To the elderly, social groups, religious activities, local school involvement and social events
A. are often thought of as a nuisance.
B. are usually fond memories of the past.
C. take too much time and energy.
D. are a way to keep actively involved.

_________ 7. Which of the following statements is not true about the elderly and their social needs?
A. Elderly persons who remain socially active are more likely to be young at heart.
B. Most elderly people want to be actively involved.
C. Most elderly people accept the decline of their social world.
D. Older people need to belong and to feel loved.

_________ 8. Which of the following is not true about the elderly?
A. Friends can be a source of emotional support.
B. Friendships are especially important.
C. Friendships take too much of one's time.
D. Friendships are a cushion for the loss of loved ones.

_________ 9. Which of the following statements is not true about the elderly and social events?
A. Most elderly persons enjoy giving or going to parties.
B. Most elderly persons dislike socializing with people they don't see everyday.
C. Some elderly persons like preparing the food for a social event.
D. Some elderly persons like to decorate the table or room for the party as much as attending.

_________ 10. Elderly people are becoming a growing trend in schools as they help with parties, attend recitals or plays, tutor students, and are known as
A. class or room grandparents.
B. involved elderly persons.
C. civic-minded elderly citizens.
D. lonely elderly persons.

_________ 11. The care provider can assist the elderly with correspondence in the following ways except for
A. writing letters as the person dictates them.
B. composing and writing letters of their own.
C. assisting with a birthday file of the person's friends and relatives.
D. writing letters from a recorder that the person has talked into.

# CHAPTER 9 TEST

## Housing Considerations of the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. If possible, most elderly people want to
A. live in retirement communities.
B. remain in easy to care for apartments.
C. live in ECHO housing.
D. remain in their own homes.

________ 2. The advantages of renting include all of the following except
A. no maintenance.
B. predictable expenditures.
C. no equity.
D. proximity to other people.

________ 3. Older people should change their housing arrangements when
A. first social security check arrives.
B. their needs change.
C. their children leave home.
D. there is a crisis.

________ 4. Personal reasons of the elderly for staying in their same living arrangements include the following except for wanting
A. to be located near a doctor.
B. a tolerable climate.
C. fluctuating utility bills.
D. stabilized expenses.

________ 5. Which of the following is not true about the feelings of the elderly toward home ownership?
A. Home ownership is an aspiration that has been accomplished.
B. Home ownership provides a sense of permanence.
C. Home ownership is an aspiration that has been forced on them.
D. Home ownership provides a sense of satisfaction.

________ 6. Which of the following is not true about the feelings of the elderly toward renting their home?
A. There is less worry with renting.
B. They are free from maintenance chores with renting.
C. There are less expenses with renting.
D. There are more responsibilities with renting.

__________ 7. Special design features that might be adapted to the home of an elderly person does not include
A. artificial lighting.
B. warm, bright colors.
C. sharp corners.
D. contrasting textures.

__________ 8. Which of the following is not true about housing alternatives available to the elderly?
A. Each type of housing has advantages.
B. Housing alternatives range from totally independent to very sheltered housing arrangements.
C. There are very few housing alternatives available to the elderly.
D. Each type of housing has advantages.

__________ 9. The approximate number of elderly who own their homes is
A. 1/3.
B. 2/3.
C. 1/2.
D. 3/4.

__________ 10. In addition to providing shelter and security, the type of housing which tends to stress a variety of recreational and social activities is a
A. private home.
B. cooperative.
C. retirement village or community.
D. mobile home.

__________ 11. When an apartment or unit is purchased within the framework of a high-rise apartment building or a complex of buildings it is called
A. a condominium.
B. a cooperative.
C. ECHO housing.
D. low income housing.

__________ 12. ECHO housing is
A. a unit purchased within the framework of a high-rise apartment building or a complex of buildings.
B. a separate, self-contained unit installed in the side or backyard of an existing family home.
C. a corporation what owns the housing.
D. a community that may be an entire new town, a subdivision, or just one high-rise apartment building.

__________ 13. The percentage of the population over age 65 that are living in nursing homes is?
A. 12%
B. 15%
C. 2%
D. 5%

## CHAPTER 10 TEST

### Transportation

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Who is liable for car damages if the care provider is driving the elderly person's car?
A. the care provider
B. the elderly person
C. the care provider and the elderly person
D. the elderly person and the care facility

__________ 2. The most common form of public transportation is
A. a taxi.
B. a bus.
C. an airplane.
D. a car.

__________ 3. The elderly should observe the following guidelines when riding on public transportation with the exception of
A. watching for slippery pavement and other hazards when entering or leaving a vehicle.
B. haveing fare ready to prevent losing one's balance while fumbling for change.
C. grasping packages with both hands in order not to drop them.
D. remaining alert and brace oneself when a bus is slowing down or turning.

## CHAPTER 11 TEST

## The Elderly in the Marketplace

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Label list ingredients with the ingredient in the largest amount listed
A. first.
B. anywhere.
C. last.
D. second.

__________ 2. Nutritional labeling is mandatory
A. if a chemical additive or nutrient is added.
B. when a product is shipped intrastate.
C. on all perishable products.
D. for all food products.

__________ 3. The quality of products is not assured beyond the
A. pull date.
B. freshness date.
C. expiration date.
D. packing date.

__________ 4. The Universal Product Code is a
A. calendar date on packaged meat and other perishables.
B. series of block vertical bars and numbers.
C. mandatory nutritional label.
D. label attached to all perishable products.

__________ 5. Which of the following cereals is the least expensive per ounce?
A. 12 oz. size for $1.29 .10
B. 18 oz. size for 1.99 .11
C. 24 oz. size for 2.29 .09
D. 32 oz. size for 3.39 .10

__________ 6. Using the unit pricing method, which size toothpaste would a smart shopper choose?
A. 2.7 oz. size priced at $ .99 .366
B. 4.6 oz. size priced at 1.29 .280
C. 6.4 oz. size priced at 1.89 .295
D. 8.2 oz. size priced at 2.19 .267

__________ 7. Which of the following is not a smart guideline to follow when shopping for personal and household items?
A. compare price, quality and design
B. time shopping according to seasonal needs
C. substitute a less expensive item when possible
D. bargain whenever possible for a lower price

________ 8. The following personal affairs are responsibilities of the elder care provider with the exception of

A. choosing reading material for the older person.
B. collecting needed information for the older person to make decisions.
C. making hair care appointments for the older person.
D. reading to the person who cannot see well.

## CHAPTER 12 TEST

### Frauds, Gyps, and Deceptions

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. One of the principal deceptions aimed at the elderly is the cure for
A. backache.
B. arthritis.
C. constipation.
D. headache.

__________ 2. A health quack would usually make the following claims with the exception of
A. saying X-ray, surgery, and drugs are a good cure.
B. guaranteeing a quick cure.
C. advertising with case histories and testimonials.
D. using special or secret machine or formula.

__________ 3. To investigate an advertised operation or position, a person should first contact the
A. Federal Trade Commission.
B. Small Claims Court.
C. police.
D. Better Business Bureau.

__________ 4. Which schemes convinces the victim to withdraw their life savings from the bank then the swindlers cleverly exchange the money for a pouch full of paper?
A. the bank examiner
B. the bunco trip
C. the pigeon drop
D. the bait and switch

__________ 5. Which scheme involves a phony bank or savings and loan investigator?
A. the bank examiner
B. the bait and switch
C. the bunco trip
D. the pigeon drop

__________ 6. The following statements which describe a pattern to extra income deceptive offers discovered by the Federal Trade Commission are true except for the statement saying
A. the approach is usually by an ad promising excellent profits for easy spare time work.
B. the ads frequently appear in the "Help Wanted" columns of newspapers.
C. there is usually an investment of money before the person can start to receive profits.
D. the ads usually appear in the Better Business Bureau office.

__________ 7. A contract should only be signed
- A. when there are blank spaces on it.
- B. if the signer has skimmed the contract.
- C. after it is thoroughly understood by the signer.
- D. after a lawyer or other expert has looked it over.

__________ 8. Before having any home improvements made, the elderly should do all of the following with the exception of
- A. reading and understanding the contract before signing.
- B. knowing the payments and finance cost.
- C. getting two or three names of people who have had the same company do work.
- D. demanding a duplicate contract with contractor's signature on it.

__________ 9. Door to door salespeople are required in many cities to have a permit if between the ages of
- A. 30 and 65.
- B. 15 and 60.
- C. 18 and 35.
- D. 21 and 40.

__________ 10. The elderly should observe the following precautions when mail ordering an item with the exception of
- A. looking for items with terms like "fantastic, incredible, revolutionary."
- B. reading entire ad, including small print.
- C. searching ad for precise description of product--weight, material, description.
- D. looking for money-back guarantee - use extreme caution if none given.

## CHAPTER 13 TEST

### Clothing Needs

DIRECTIONS: In each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. Clothing needs are classified as
   A. sociological and psychological.
   B. psychological and physiological.
   C. physiological, sociological, and biological.
   D. physiological, psychological and sociological.

________ 2. Physical changes which occur in the body as one ages are listed, except for
   A. protruding abdomen.
   B. body growing shorter.
   C. decrease in weight.
   D. stooped posture.

________ 3. Which of the following is not true about sociological clothing needs?
   A. Society defines what is appropriate dress for different age groups.
   B. Standards in dress vary with age, sex, social status, occupation and economic level.
   C. Clothing needs change with each stage in life.
   D. Today's standards in dress allow individuals to wear whatever they choose.

________ 4. Clothing for the elderly should be selected for the following reasons with the exception of
   A. the type of activities.
   B. the weather.
   C. the latest fashion.
   D. personal preference.

________ 5. The care provider can stretch the wardrobe of an elderly person by
   A. purchasing smart looking accessories.
   B. mixing and matching clothing.
   C. following current fashion trends.
   D. striving for a monotone color scheme.

__________ 6. Which of the following is not true about color in clothes?

A. One's mood, feelings, and looks, are affected by color.
B. Color can draw attention away from a particular part of the body.
C. Lighter colors make the body look smaller and darker colors larger.
D. Color can draw attention to a particular part of the body.

__________ 7. Safety should be considered when selecting clothes for the elderly and it is best to avoid

A. fitted full-length sleeves.
B. long robes or housecoats.
C. three-quarter length sleeves.
D. nonflammable garments.

__________ 8. Fabrics with ability to retain natural shape and withstand reaching and pulling motions recommended for the elderly are

A. cottons.
B. wools.
C. knits.
D. nylons.

__________ 9. Fasteners on ready-made clothing for the elderly with loss of finger dexterity or limited range of motion include the following with the exception of

A. snaps.
B. large buttons.
C. magnetic fasteners.
D. zippers, with decorative pulls.

__________ 10. The care provider should observe the following guidelines when assisting with the purchase of clothing for an older person with the exception of selecting

A. clothing that can be mixed with the present wardrobe.
B. clothing that is attractive and appeals to the elder care provider.
C. accessories that will stretch the present wardrobe.
D. clothing that will point out positive features and hide any flaws.

__________ 11. Which statement is not true about mending clothes?

A. The care provider should check clothes for holes, tears, or weak spots to prolong the life of clothes.
B. The sooner a repair is made, the easier the job will be to fix it.
C. Mending should always be done after laundering but before next wearing.
D. Most frequently needed clothing repairs include patching, sewing on buttons, or re-sewing seams.

## CHAPTER 14 TEST

## Nutrition for the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. The most expensive food group is
A. milk and milk products.
B. fruit and vegetables.
C. fats, sweets, and alcohol.
D. meat and legumes.

________ 2. The daily recommended number of servings from the fruit and vegetable group for the elderly are
A. 4 or more.
B. unlimited.
C. 3 or more.
D. 2 or more.

________ 3. The best food source of ascorbic acid is
A. winter squash.
B. raisins.
C. strawberries.
D. onions.

________ 4. The bread and cereal group often forms the bulk of the elderly person's diet for all of the following reasons with the exception of being
A. the least expensive.
B. lower in calories.
C. easier to chew.
D. fast to prepare.

________ 5. Which of the following would influence the elderly's food intake but is not considered a physical factor?
A. emotional depression
B. dental problems
C. drug interference
D. excretion problems

________ 6. Degenerative changes become more rapid after the age of
A. 55.
B. 50.
C. 70.
D. 65.

________ 7. An excellent source of iron to include in an iron deficient diet is
A. broccoli.
B. chicken.
C. cheese.
D. liver.

__________ 8. Calcium requirements
A. sharply decrease with age.
B. increase with age.
C. remain the same with age.
D. decrease with age.

__________ 9. The most common dietary deficiencies that the elderly experience are related to low intake or utilization of
A. iron, vitamin D, vitamin A, and protein.
B. vitamin D, absorbic acid, calcium, protein.
C. iron, vitamin A, vitamin C, and calcium.
D. vitamin A, calcium, protein, iron.

__________ 10. The estimated percentage of health problems experienced by the elderly which are nutrition related is
A. 33 to 50 percent.
B. 10 to 20 percent.
C. 50 to 75 percent.
D. 5 tO 10 percent.

## CHAPTER 15 TEST

## Menus and Diets for the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Which of the following is not a characteristic of a well-planned meal?
A. looks attractive
B. is within one's budget
C. includes food from two food groups
D. satisfies the tastes and needs of the person

__________ 2. When planning meals for the elderly, the care provider should
A. select foods that are the same shapes and sizes.
B. serve foods that are the same temperatures.
C. avoid using the same sensory flavors in a meal.
D. avoid serving foods with different textures.

__________ 3. Food is much more likely to be eaten if the elderly are able to
A. choose it.
B. prepare it.
C. purchase it.
D. season it.

__________ 4. Which of the following is not a step the care provider should follow when planning menus?
A. Write menus when there is spare time between other responsibilities.
B. Have a list of the food in the pantry and refrigerator.
C. Know the budget available to work with.
D. Review menus of previous week to avoid over repetition.

__________ 5. The following characteristics are true of cycle menus with the exception that cycle menus
A. can be developed for winter, spring, summer and fall.
B. cannot be used over and over again.
C. cover a period of one to four weeks.
D. provide better use of the care provider's time.

__________ 6. The type of diet prescribed for the very ill person, or the person who has a hard time chewing or swallowing is the
A. soft diet.
B. bland diet.
C. fat-restricted diet.
D. liquid diet.

__________ 7. Which food would not be recommended for the person on a bland diet?
A. sugar cookies
B. cauliflower
C. rice
D. milk

__________ 8. The purpose of an exchange list is to
A. provide variety and satisfying foods in the diet.
B. discourage certain types of foods.
C. make it impossible to substitute foods.
D. divides foods into four food groups.

__________ 9. Which diet is for people with liver and gall bladder troubles?
A. soft diet
B. bland diet
C. clear-liquid diet
D. fat-restricted diet

__________ 10. Which diet is for people whose bodies do not use carbohydrates?
A. sodium-restricted diet.
B. soft diet.
C. diabetic diet.
D. liquid diet.

__________ 11. Which of the following is not true about nutrients?
A. In cooking, sugars dissolve in water.
B. Fat-soluble vitamins are easily lost in cooking.
C. In cooking, starches mix with water and thicken.
D. Minerals are easily lost in cooking.

## CHAPTER 16 TEST

### Mealtimes for the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Eating should be an enjoyable experience for the older individuals because
A. it gives them a chance to socialize.
B. they are always hungry.
C. they can be alone to eat.
D. it makes the time go faster.

__________ 2. In dining room service for the elderly the care provider should not
A. assist others to the table.
B. encourage elderly persons to do everything themselves.
C. allow them fifteen minutes for a meal.
D. check that their napkins are in place.

__________ 3. In preparation of a tray service in an elderly person's room the care provider should not
A. wash the person's hands or let person wash own hands.
B. assist the person from bed to chair or wheelchair.
C. assist persons to bathroom or offer the bedpan or urinal.
D. raise the head of the bed according to elderly person's directions.

__________ 4. The care provider should never
A. check that napkins are in the lap or tucked in at the neck.
B. rush or hurry the elderly person to eat.
C. help to butter the bread, cut the meat, or pour drink.
D. report to supervisor when an elderly person eats very little.

__________ 5. The care provider
A. always has the responsibility of feeding elderly persons.
B. will usually feed the elderly person in a private home situation.
C. should always insist the elderly person eat by own skill.
D. check their schedule to determine if they have time to assist the elderly with eating.

__________ 6. The food on a tray for a person with impaired vision should not be arranged

A. like everyone else's.
B. like the face of a clock.
C. in the same way.
D. meat at 6 o'clock, potatoes at 12 and beans at 3.

__________ 7. Which one of the following statements is not true about extra nourishment?

A. Fruit juice, eggnogs, ice cream are often served as extra nourishment.
B. It is important to check that the right nourishment is served to the right person.
C. The care provider can assist elderly persons needing help with the extra nourishment.
D. Extra nourishment is served between meals to all elderly persons.

__________ 8. Self-aids for eating do not

A. eliminate overdependence on the care provider.
B. give the elderly person greater confidence.
C. speed up the care provider's work schedule.
D. boost the elderly person's personal morale.

__________ 9. When feeding an elderly person the care provider should use the following techniques with the exception of

A. making sure that food is not to hot.
B. feeding the elderly person slowly.
C. making sure the person chews and swallows the food.
D. heaping food on the fork or spoon.

__________ 10. The care provider should not

A. present and remove trays for room service.
B. assist the elderly persons to and from the dining room.
C. determine which elderly persons are to receive extra nourishment.
D. encourage elderly person to do as much as possible.

## CHAPTER 17 TEST

### Exercise for the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Regular exercise is important for meeting the recreational needs of the elderly for the following reasons with the exception of
A. joints become stiff unless fully used.
B. exercise meets need for limited mobility.
C. Exercise helps to restore cardiovascular reserves.
D. physical activity helps to maintain muscle power.

__________ 2. The best and easiest exercise for the elderly is
A. running in place.
B. brisk walking.
C. climbing stairs.
D. swimming laps.

__________ 3. The following statements regarding exercise are true except for
A. less exercise is required for controlling weight.
B. exercise can help persons cope with stress.
C. physical activity aids in the prevention of certain diseases.
D. exercise improves circulation.

__________ 4. An exercise program consists of three parts, the
A. calisthenics, warm-up, and exercise.
B. warm-up, cool-down, and exercise.
C. warm-up, exercise, and cool-down.
D. warm-up, calisthenics, and exercise.

__________ 5. The elderly person should start an exercise program
A. by following a televison or video fitness show.
B. with friends who can visit daily.
C. selecting exercises from magazine articles.
D. after receiving the doctor's okay.

__________ 6. The following are ways that the care provider can assist the elderly in a regular exercise program except for
A. encouraging the person to participate in a regular fitness program okayed by the person's doctor.
B. assisting the elderly person with exercise.
C. planning an exercise program for the elderly person.
D. making certain the elderly person has checked with the doctor.

__________ 7. The following benefits can result from programs of moderate but regular exercise except for
- A. effort required to perform routine tasks is maximized.
- B. poise and grace come with ease of movement.
- C. due to strength developed, daily tasks are performed with ease.
- D. the digestive process, stimulated through activity, works better.

__________ 8. A planned program of exercise for the elderly person should be
- A. 60 minutes to 1 1/2 hours.
- B. 45 minutes to an hour.
- C. 30 minutes to an hour.
- D. 20 to 30 minutes.

__________ 9. A planned program of exercise for the elderly person is
- A. as important as eating a proper diet or keeping clean.
- B. should fit the care provider's schedule.
- C. is the same for all persons over 60.
- D. should be consistent with no alternatives.

## CHAPTER 18 TEST

### Hobbies and Activities for the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Meaningful hobbies and activities for the elderly
A. offer little freedom from boredom.
B. are just busy work.
C. provide opportunities for growth.
D. take up too much of their time.

__________ 2. Which of the following statements is not true about hobbies for the elderly?
A. Hobbies in younger days can become a consuming interest in older years.
B. The elderly person has more time, more energy, and more money to spend on hobbies.
C. The care provider can encourage the elderly person to renew past hobbies.
D. The care provider can encourage the elderly person to develop new hobbies.

__________ 3. For the elderly person who likes to play games, the care provider should not
A. help the elderly person learn the rules for new games.
B. select games of interest to the care provider.
C. see that equipment and needed items for the game are readily accessible.
D. select games of interest to the elderly person.

__________ 4. An enlarged pen, lightweight plastic ball to hold pencil, and lap desk are writing aids that aid
A. the elderly person with normal finger dexterity and muscle coordination.
B. all elderly persons 65 and over.
C. the elderly person with arthritic fingers or reduced muscle coordination.
D. the elderly person with impaired vision.

__________ 5. Some elderly people are interested in finding out about their ancestors by tracing their family
A. genetics.
B. geochemistry.
C. galaxy.
D. genealogy.

__________ 6. When assisting the elderly person who has an interest in art, the care provider can

A. draw or paint what the person wishes.
B. show the person line drawing.
C. fill in the details on line drawings.
D. use a brush with water colors to add color to the line drawing.

__________ 7. Visiting with persons to learn their interests and providing a pick-up and delivery service are services offered by

A. local librarian.
B. Books for Folks.
C. Friends of the Library.
D. Friends of the Elderly.

__________ 8. When suggesting a hobby or activity for an elderly person, the care provider should

A. keep in mind the hours the care provider is scheduled to work.
B. keep in mind the needs and wants of the elderly person.
C. suggest activities that they understand and are familiar with.
D. encourage hobbies the person is interested in regardless of the cost of supplies or classes required.

__________ 9. Which of the following statements is not true about music and its appeal to the elderly?

A. Music can be therapeutic.
B. Music can reverse a person's mood.
C. Music can help relieve pain and help a person sleep.
D. Music cannot lift the person's spirits.

__________ 10. Which statement is not true about individual or group activities?

A. Individual or group activities are the same for most individuals.
B. Individual or group activities should be relaxing to the participants.
C. Individual or group activities should reduce anxiety and relieve stress of the participants.
D. Individual or group activities should provide the participants with diversity.

## CHAPTER 19 TEST

## Educational Activities for the Elderly

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Educational activities encourage growth and self-development
A. of senior citizens and individuals.
B. of the elderly.
C. regardless of age.
D. of young individuals.

__________ 2. Elderly persons participate in educational activities for
A. enjoyment and fun.
B. academic and occupational achievements.
C. occupational advancement.
D. enjoyment, fun, and satisfaction of learning.

__________ 3. Which of the following statements are not true in regard to university and college policies towards the elderly?
A. Offer adult education and extension courses.
B. Allow persons 65 or over to audit courses.
C. Offer mini-courses and summer programs for the elderly.
D. Offer a senior discount fee for auditing courses.

__________ 4. Which of the following statements are not true about the adult education programs offered by YMCA's and YWCA's?
A. Arts and crafts are often emphasized.
B. Are planned for people with special talents.
C. Charge the senior citizen a small fee.
D. Allow the elderly individual to turn out satisfying and attractive objects.

__________ 5. Senior Centers meet the needs of the elderly for
A. companionship and sociability.
B. sociability and independence.
C. learning achievements.
D. occupational training.

__________ 6. The following tasks can be performed by the care provider in an elder care facility except for
A. welcoming all members of the clergy as they visit.
B. answering questions about the elderly courteously and adequately.
C. interpreting religious beliefs for the elderly.
D. assisting the clergy as needed.

__________ 7. Which one of the following statements is not true in regard to the elderly and religion?

A. Religious services and social functions are important to many older persons.
B. Many elderly feel that religion is impersonal and they do recognize individual rights.
C. Many elderly persons have lived and practiced their religion for most of their lives.
D. Religion is closely related to education during all phases of life as it encourages self-development and growth.

__________ 8. Status in senior centers is usually established by

A. wealth.
B. wealth and achievements.
C. integrity.
D. personal ability and integrity.

__________ 9. The elder care provider can use the following technique to encourage an elderly person to pursue an interest in learning except for

A. locating senior centers and golden age clubs in the community.
B. promoting independence by letting elderly persons find their own learning source.
C. investigating the adult education programs of the YWCA and the YMCA.
D. obtaining catalogs of courses being offered by universities and colleges the community.

## CHAPTER 20 TEST

### Sanitation

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. The practice of rendering a care facility or private home free from agents injurious to health is called
A. disinfection.
B. sterilization.
C. sanitation.
D. microzation.

__________ 2. The term that means free from germs or bacteria that may cause infection is
A. murine typhus.
B. medical asepsis.
C. handwashing.
D. biological science.

__________ 3. The most common way of spreading infection from one person to another is by
A. clothing.
B. equipment.
C. food.
D. hands.

__________ 4. After soiled linens have been removed from the bed, the care provider should
A. stack it on the floor in the corners of the room.
B. burn it immediately.
C. dispose of it in a covered hamper.
D. place it neatly in the hallway.

__________ 5. Which of the following is not a common chemical sanitizer?
A. chlorine
B. iodine
C. quaternary ammonia
D. water

__________ 6. The least effective way to deal with odors is to
A. block them with sprays or deodorizer blocks.
B. frequently clean with a detergent-disinfectant solution.
C. use fresh air and good ventilation.
D. remove the cause of odor.

__________ 7. The best insurance against pests is to

A. keep all windows and doors shut.
B. clean garbage cans and keep them covered.
C. store food properly and clean up spilled food immediately.
D. eliminate the presence of rodents.

__________ 8. Disinfecting articles is most often done with

A. steam.
B. chemicals.
C. water.
D. soap.

## CHAPTER 21 TEST

### Safety

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. The percentage of all accidental injuries that occur in and about the home is
- A. 50%.
- B. 15%.
- C. 43%.
- D. 26%.

________ 2. The leading cause of accidential deaths and injuries for older people is
- A. falls.
- B. cuts.
- C. burns.
- D. poisonings.

________ 3. Which of the following is not a good safety rule to follow when working in the kitchen?
- A. Keep electrical outlets in good repair.
- B. Use water to put out a grease fire.
- C. Wash sharp knives separately.
- D. Place handles of pans away from front edge of stove.

________ 4. If an electrical appliance falls into a water filled bathtub, the elder care provider should
- A. drain the water.
- B. retrieve the appliance from the water.
- C. call the police department for help.
- D. unplug appliance and retrieve it.

________ 5. Which of the following is not a good safety rule to follow in the bedroom?
- A. Install night lights in the room.
- B. Have a telephone within reach of the bed.
- C. Use heating pads on lowest setting while sleeping.
- D. Follow manufacturer's instructions when using electric blankets.

________ 6. Which one of the following safety rules should be followed when doing housekeeping for the elderly?
- A. wax floors well
- B. wipe up all spills
- C. encourage the elderly to use scatter rugs
- D. wear shoes with heels

__________ 7. The greatest danger in a fire is the
A. flames.
B. smoke.
C. heat.
D. gas.

__________ 8. Which of the following is not a suitable location for a smoke detector?
A. close to air vents
B. near bedrooms
C. on the ceiling
D. 6-12" below the ceiling on the wall

__________ 9. The best way to put out a grease fire in the oven is to
A. cover it with water.
B. smother it with soda.
C. close oven door and turn oven off.
D. cover with sand or dirt and turn oven off.

__________ 10. The National Fire Prevention and Control Administration does all of the following except for
A. monitoring residential fire detectors and related equipment.
B. providing research and investigation into product-related deaths, illnesses and injury.
C. assisting in the development of fire safety standards for consumer products.
D. conducting educational programs on methods for fire prevention.

## CHAPTER 22 TEST

### Preventive Health Measures and Signs of Illness

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. Which of the following is not a good preventive measure to promote good health in the elderly?
- A. physical exam every five years
- B. healthy diet
- C. regular exercise
- D. immunized from infectious diseases

__________ 2. The elderly should be protected from infectious diseases because
- A. previous immunizations usually wear-out after five years.
- B. there is a greater threat of severe illness or mortality among this age group.
- C. they travel outside the country more frequently than any other age group.
- D. they participate more in outdoor activities than those in the 40 and under age group.

__________ 3. A tetanus shot is important for the elderly who
- A. travel outside the country.
- B. might be exposed to young children.
- C. take medications daily.
- D. participate in several outdoor activities.

__________ 4. What percentage of all the drugs sold in the United States are consumed by the elderly?
- A. 25 to 35%
- B. 55 to 60%
- C. 30 to 35%
- D. 5 to 10%

__________ 5. Which of the following is not a safe guideline to follow when using medications?
- A. Take the amount prescribed by a doctor.
- B. Discard medicines with old expiration dates.
- C. Take medicines prescribed for someone else.
- D. Know what precautions to take with specific drugs.

__________ 6. Objective observations are
- A. feelings or emotions.
- B. sensations.
- C. signs of social problems.
- D. signs you can physically see.

__________ 7. Which of the following is not an objective observation?
- A. red, swollen, eyelids
- B. slumping posture
- C. loss of smell
- D. dilated pupils

__________ 8. Which of the following is not a subjective symptom?
- A. dizziness
- B. thirsty
- C. loss of smell
- D. dilated pupils

## CHAPTER 23 TEST

### Vital Health Signs

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. Which of the following is not considered a "vital sign"?
A. respiration
B. blood pressure
C. skin color
D. temperature

________ 2. The process by which the body takes oxygen into the lungs and eliminates carbon dioxide is called
A. blood pressure.
B. respiration.
C. temperature.
D. pulse.

________ 3. TPR and BP are used to evaluate an elderly person's condition in all of the following ways with the exception of
A. obtaining knowledge of the person's mental condition.
B. keeping a continuous record to determine the course of the person's illness.
C. aiding the doctor in diagnosing the person's illness.
D. aiding the doctor in determining treatment for the person.

________ 4. When monitoring and recording an elderly person's vital signs, the care provider should
A. record information sometime during that day.
B. estimate vital signs that you cannot get accurate readings for.
C. write legibly and understandably.
D. report sudden, abnormal changes if they continue for more than a week.

________ 5. Which is the most common method of taking the temperature?
A. armpit
B. rectal
C. axillary
D. oral

__________ 6. If an elderly person complains of a headache, has a flushed face, and is extremely thirsty, the care provider should take the

A. pulse.
B. temperature.
C. respiration.
D. blood pressure.

__________ 7. The normal temperature range taken orally is

A. 98.6°F - 99°F.
B. 96.6°F - 98°F.
C. 94.6°F - 96°F.
D. 99.6°F - 101°F.

__________ 8. Pulse can be felt best

A. on the sides of the neck.
B. in front of the ear.
C. near the groin.
D. in the radial artery.

__________ 9. The amount of pressure or force exerted against the walls of the arteries by the blood is called

A. blood pressure.
B. pulse.
C. respiration.
D. temperature.

# CHAPTER 24 TEST

## First Aid

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. When meeting the home emergency needs of the elderly, the first step to perform would be to
- A. give necessary first aid treatment.
- B. determine if the emergency or injury is minor or major.
- C. keep the patient as calm and comfortable as possible.
- D. phone the ambulance, paramedics, or fire department.

________ 2. Antacid and sodium bicarbonate are used to
- A. clean minor wounds.
- B. relieve cold symptoms.
- C. to bring on vomiting if poison is swallowed.
- D. relieves stomach acidity, heartburn, or indigestion.

________ 3. The most important item needed in the medicine cabinet is
- A. iodine or a mercury antiseptic.
- B. a list of emergency phone numbers.
- C. Syrup of Ipecac.
- D. a first aid manual.

________ 4. To accurately provide the necessary information when making an emergency call, the care provider should remember the word
- A. LIFE.
- B. LOVE.
- C. LIVE.
- D. LAST.

________ 5. Which type of burn describes reddened skin and blisters?
- A. fourth degree
- B. second degree
- C. first degree
- D. third degree

________ 6. When an elderly person's hand is cut by a sharp object such as a knife or glass, the wound is called
- A. an incision.
- B. a puncture.
- C. an abrasion.
- D. a laceration.

__________ 7. Which of the following is not a sign of fainting?

- A. dizziness and weakness
- B. often nausea and vomiting
- C. hot, dry, red skin
- D. profuse perspiration

__________ 8. The Heimlich Maneuver would be used in which of these first aid situations?

- A. fainting
- B. shock
- C. wounds
- D. choking

__________ 9. Signs which indicate shock include all of the following with the exception of

- A. a strong and slow pulse.
- B. an excessive thirst.
- C. dazed eyes with dilated pupils.
- D. shallow and irregular breathing.

__________ 10. Which of the following should be given to a person that has ingested methanol or a related product?

- A. milk
- B. vinegar
- C. citrus juice
- D. Syrup of Ipecac

# CHAPTER 25 TEST

## Terminal Illness

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. Illnesses which eventually lead to death are referred to as
A. grief.
B. terminal.
C. denial.
D. eternal.

________ 2. A positive way of caring for the terminally ill is to
A. be overprotective of the ill person.
B. be callous to the suffering of the ill person.
C. be rigid and nonflexible in managing a care schedule for the ill person.
D. be firm with the ill person when it is necessary.

________ 3. Which of the following is not an emotional need of a terminally ill person?
A. skin care
B. safety and security
C. love
D. meaningful relationships

________ 4. When talking to a terminally ill person and answering questions the elder care provider should
A. talk constantly to the ill person.
B. provide false hope to the ill person.
C. ignore questions the ill person asks.
D. be honest with the ill person.

________ 5. Which of the following guidelines should not be followed by the care provider to ensure that the needs of the terminally ill person's family are met?
A. Provide emotional support to family members.
B. Maintain a concerned attitude toward the family.
C. Remain with the family and ill person at all times.
D. Relay the families questions to the supervisor or person in charge.

________ 6. If a terminally ill individual resents the fact of being terminally ill, the individual is in the stage of grief known as
A. depression.
B. acceptance
C. bargaining.
D. anger.

__________ 7. Which of the following is not characteristic of a terminally ill person in the acceptance stage of grief?
A. usually tired and weak
B. temporary shock
C. not necessarily happy
D. talks little to visitors

__________ 8. A typical reaction when an individual first learns of their terminal illness is
A. why me?
B. no, not me.
C. yy time is very close now and it's all right.
D. yes me, but . . .

__________ 9. Which stage of grief is a very positive step?
A. panic
B. emotional release
C. reconciliation
D. guilt feelings

__________ 10. Which stage of grief has a merciful numbing effect?
A. shock
B. panic
C. reconciliation
D. depression

## CHAPTER 26 TEST

### Body Mechanics

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. The use of good body mechanics can help do all of the following with the exception of
A. improving body functions.
B. providing safe and effective work methods.
C. building lifting muscles.
D. reducing fatigue.

__________ 2. Which of the following is not one of the basic rules of body mechanics?
A. The body works as an uncoordinated unit.
B. Stooping with proper body alignment prevents fatigue.
C. Proper walking habits reduce fatigue and stress.
D. The lining up of the body segments is important.

__________ 3. The following are benefits of frequent repositioning with the exception of
A. preventing bedsores.
B. decreasing circulation.
C. providing exercise.
D. preventing muscle deformities.

__________ 4. Which muscles should be used as the main force when repositioning a person?
A. back
B. upper arm
C. legs
D. lower arm

__________ 5. When moving a heavy object, the care provider should
A. use the large, strong muscles of the upper arms.
B. bend the knees.
C. place hands at lightest part of object.
D. hold object loosely.

__________ 6. Poor posture is not caused by
A. indifference.
B. poor work habits.
C. proper body alignment.
D. carelessness.

__________ 7. When moving heavy objects it is best to
A. slide and push the object.
B. roll, slide or push the object.
C. push, roll, or walk the object.
D. push and walk the object on edge.

__________ 8. When lifting objects, the care provider should protect the natural spring of the

A. upper arms.
B. knees.
C. legs.
D. spinal column.

__________ 9. The amount of effort and strain required to move a bedridden person is reduced by the correct use of

A. body weight.
B. body mechanics.
C. body position.
D. body alignment.

__________ 10. In relation to body mechanics, the term alignment means

A. the use of body mechanics.
B. the correct use of body weight.
C. the lining up of the body segments.
D. the use of body positioning.

## CHAPTER 27 TEST

### Planning and Managing Household Tasks

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. A good use of the body to get jobs done without fatigue and muscle strain is to
A. hold objects you are lifting away from your body.
B. bend to pick up articles on the floor.
C. use thigh muscles to pick up heavy objects.
D. keep feet close together when lifting heavy objects.

__________ 2. The elder care provider should organize storage space by
A. placing items waist height.
B. placing items together which are used together.
C. stacking like items only one row deep and one layer high.
D. not leaving room at top or sides of items.

__________ 3. In order to simplify work, the elder care provider should
A. clean several rooms at a time.
B. clean a room by starting at the floor level and working up.
C. dust with short, quick strokes.
D. assemble all equipment and cleaning supplies to complete tasks.

__________ 4. Which of the following is not an advantage of scheduling household work?
A. Tasks are divided into daily, weekly, and occasional jobs.
B. All weekly cleaning tasks are done on the same day.
C. The work does not become drudgery.
D. The total job is done more thoroughly.

__________ 5. Making the beds in a care facility or home environment should be done
A. daily.
B. weekly.
C. monthly.
D. occasionally.

__________ 6. Cleaning windows is considered
A. a daily task.
B. a weekly task.
C. a monthly task.
D. an occasional task.

## CHAPTER 28 TEST

### Energy

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. The smart use of energy resources is called
- A. conservation.
- B. preservation
- C. efficiency.
- D. energy saving.

__________ 2. A smart energy-saving idea is to
- A. increase the size of light bulbs where bright light is not needed.
- B. use a clothes washer with small loads.
- C. turn thermostats down on both heating and air conditioning units.
- D. use incandescent bulbs instead of fluorescent lights.

__________ 3. Which of the following is not a smart way to conserve water?
- A. Turn water off while shaving and brushing teeth.
- B. Use the shower instead of the basin for shampooing.
- C. Have leaky faucets repaired.
- D. Use the dishwasher only when full.

__________ 4. Which of the following is not a factor in determining the operating cost of any piece of electrical equipment?
- A. cost of electricity
- B. wattage of the equipment
- C. number of hours it operates
- D. time of day it operates

__________ 5. The best thermal insulation for holding in body heat is
- A. gas heat.
- B. electric heat.
- C. Btu's
- D. warm clothing.

## CHAPTER 29 TEST

### Bed Making

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. A skillfully made bed does not provide
- A. a smooth surface.
- B. warmth and comfort.
- C. limited movement.
- D. safety.

__________ 2. The first step in making the unoccupied or occupied bed is to
- A. locate and organize supplies.
- B. remove soiled linens.
- C. unfold the linens.
- D. wash hands.

__________ 3. When making the occupied bed, the care provider should do all of the following with the exception of
- A. keeping room warm and provide privacy for person.
- B. telling person that you plan to change bed linens.
- C. loosening and shaking bed clothes to remove any dirt and dust.
- D. washing hands and locating and arranging supplies in order of use.

__________ 4. The type of corner used for tucking in sheets and blankets is the
- A. tuck corner.
- B. miter corner.
- C. fold corner.
- D. fanfold corner.

__________ 5. Which of the following statements is not true about the signal cord?
- A. The signal cord should be placed in a convenient location for the care provider.
- B. The signal cord should always be in the same location.
- C. The signal cord, for the person with use of one hand, should be in reach of that hand.
- D. The signal cord should always be placed in reach of the elderly person.

__________ 6. Bedsores often occur in older persons because they
- A. have older dry skin.
- B. frequently use body powder.
- C. frequently use bedpans.
- D. have poor circulation.

_________ 7. The body sites most likely to be involved in bedsores include all of the following with the exception of the

- A. hip joints.
- B. finger joints.
- C. heels.
- D. ankles.

_________ 8. The elder care provider can help to prevent bedsores in the elderly person in the following ways with the exception of

- A. reporting any reddened, irritated, or sensitive area of the skin to the person in charge.
- B. avoiding using cornstarch on the sheets as it increases friction as the person moves.
- C. keeping the bed clean, dry, and wrinkle free.
- D. removing any hard objects from the bed immediately.

_________ 9. A bed cradle is used to

- A. gently rock a person to sleep.
- B. keep the bedclothes off part or all of a person's body.
- C. hold the bedclothes firmly on a person's body.
- D. prevent a person from falling out of bed.

_________ 10. The bed cradle should not be used

- A. to relieve pain from the weight of the bed covers.
- B. as a form of treatment of fractures, burns or wounds.
- C. to supply heat to body parts.
- D. to protect the person from cold air.

## CHAPTER 30 TEST

### Bathing

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

________ 1. A bath with warm water and soap does not
   A. remove dirt and perspiration.
   B. decreases circulation.
   C. relaxes tired muscles.
   D. provides exercise.

________ 2. The first part of the body to show age is the
   A. skin.
   B. hair.
   C. teeth.
   D. eyes.

________ 3. Due to changes in the skin of the elderly
   A. daily bathing is recommended.
   B. morning and evening bathing is essential.
   C. daily bathing is not recommended.
   D. morning and evening bathing is not recommended.

________ 4. The most comfortable temperature for bathing is
   A. 100°F.
   B. 105°F.
   C. 115°F.
   D. 120°F.

________ 5. A sitz bath is
   A. given to the elderly person who is not ambulatory.
   B. recommended if the person has a high fever.
   C. recommended if the person has profuse perspiring.
   D. a theraupeutic type of bath.

________ 6. The types of baths include
   A. complete bed baths and partial bed baths.
   B. basin, tub, and showers.
   C. complete and partial bed baths and sitz baths.
   D. sitz, tub bath and showers.

________ 7. Which of the following statements is not true about bedpan use?
   A. Bedpan should be offered only when requested.
   B. Bedpan should be offered at regular intervals.
   C. Care provider should always respect the privacy of the person.
   D. Care provider must be extremely careful to avoid injuring the person.

__________ 8. Which of the following is not true of a partial bed bath?
- A. A partial bed bath is usually recommended for a high fever.
- B. A partial bed bath is usually recommended for profuse perspiring.
- C. A partial bed bath is usually given to the elderly person who is not ambulatory.
- D. The partial bed bath varies depending on the reasons for the bath.

__________ 9. All of the following make bathing safer and easier for the elderly with the exception of
- A. grab bars and portable type bars.
- B. books, magazines, and newspapers.
- C. seats, stools and chairs.
- D. bath articles and clothes close at hand.

__________ 10. The care provider can encourage the elderly person to bath by using the following techniques with the exception of
- A. respecting the elderly person's habits.
- B. arranging their bath articles close at hand.
- C. hurrying them to keep from chilling.
- D. being patient with their needs.

# CHAPTER 31 TEST

## Grooming

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

__________ 1. The practice or condition of preserving health is
A. grooming.
B. hygiene.
C. care.
D. exercise.

__________ 2. Which of the following is not true about good hygiene?
A. Good hygiene helps to maintain a positive self-image.
B. Good hygiene helps to build self-confidence.
C. Good hygiene helps to maintain schedule of activities.
D. Good hygiene helps to maintain general health.

__________ 3. Oral hygiene is the care of
A. hands and nails.
B. skin and body.
C. gums and nails.
D. teeth and gums.

__________ 4. Plaque is
A. a colorless film of bacteria.
B. a type of tooth decay.
C. a filling for teeth.
D. a hard cavity.

__________ 5. In adults the major cause of tooth loss is
A. diet.
B. cavities.
C. periodontal disease.
D. plaque.

__________ 6. The following should be used for oral hygiene with the exception of
A. rubber gum stimulators, dental floss, and water picks.
B. medium to hard-bristled toothbrushes.
C. lemon juice, glycerine on cotton swabs.
D. warm, mildly salty water mouthwash.

__________ 7. Which of the following is not true about proper nail care?

A. Good nail care prevents infection under the nails.
B. Brittle nails can be softened by soaking in warm water.
C. Fingernails and toenails should be cut following the curve of the finger or toe.
D. Good nail care prevents bacteria build-up under the nails.

__________ 8. When assisting the elderly with nail care, the care provider should

A. avoid cutting the nails of a diabetic.
B. cut toenails and fingernails in a curve.
C. realize small nicks from cutting nails heal quickly.
D. paint nail polish on the nails when asked by the elderly person.

__________ 9. The benefits from brushing the hair include all of the following with the exception of

A. spreading natural oils from the scalp.
B. decreasing the circulation of blood in the scalp.
C. removing dirt from the hair.
D. eliminating the problem of dull, lifeless, or matted hair.

__________ 10. Heredity, scalp infections, fatigue, severe illnesses, or emotional strain may cause

A. ingrown toenails
B. periodontal disease.
C. brittle fingernails.
D. hair thinning.

CHAPTER 32 TEST

## Dressing Assistance and Self-help Dressing Aids

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_____ 1. Clothing adaptations should include the following features with the exception of
   A. enabling the elderly to be more dependent in dressing.
   B. adding to the person's comfort.
   C. making it easier to dress and undress.
   D. adding to the person's mobility.

_____ 2. Fasteners can be adapted for the elderly by using the following methods except for
   A. using Velcro to replace zippers, hooks and eyes.
   B. changing front closures to a back opening.
   C. using larger buttons and enlarged buttonholes to replace small ones.
   D. reattaching buttons with thread shanks.

_____ 3. When a garment fits too tightly
   A. the garment should not be worn.
   B. a size larger should be purchased.
   C. the person should lose weight.
   D. the seams can often be let out.

_____ 4. When the fabric in specific areas of a garment is scratchy the elderly person should
   A. discard the garment because it's uncomfortable.
   B. wear the garment because it's in the wardrobe.
   C. try lining the scratchy area of the garment with soft fabric.
   D. buy a similar styled garment in another fabric.

_____ 5. Dressing and undressing can be a very burdensome task for the elderly due to
   A. limited time.
   B. physical limitations.
   C. social reasons.
   D. mental stress.

_____ 6. Self-help aids include all of the following advantages with the exception of
   A. being time-consuming.
   B. being inexpensive.
   C. building self-confidence.
   D. being easy to make.

________ 7. Which of the following would be most helpful in pulling on or pushing off clothing if range is restricted?
   A. buttonhook
   B. long shoehorn
   C. bootjack
   D. dressing stick

________ 8. The purpose of a sleeve anchor is
   A. to aid in pulling on or pushing off clothing.
   B. to facilitate buttoning sleeves.
   C. to keep jacket sleeve from crawling up when pushing arm into coat.
   D. to support a coat so that the shoulders are relieved of the weight when putting it on.

________ 9. Good ankle range is necessary in order to use satisfactorily the
   A. long shoehorn.
   B. dressing stick.
   C. bootjack.
   D. sock sticks.

________ 10. Homemade dressing aids are important to the elderly for all of the following reasons with the exception of
   A. easing the task of dressing.
   B. helping them feel more independent.
   C. fitting their budget more than purchased aids.
   D. increasing their dependence on the care provider.

# CHAPTER TEST ANSWER KEYS

## CHAPTER 1 TEST

1. C
2. A
3. D
4. B
5. C
6. A
7. D
8. B
9. D
10. C
11. C

## CHAPTER 2 TEST

1. A
2. A
3. A
4. D
5. C
6. C
7. B
8. A
9. B
10. D

## CHAPTER 3 TEST

1. A
2. D
3. B
4. B
5. C
6. D
7. C
8. B
9. D
10. A

## CHAPTER 4 TEST

1. C
2. A
3. D
4. B
5. A
6. D
7. C
8. B
9. C
10. D

## CHAPTER 5 TEST

1. B
2. A
3. C
4. D
5. A
6. C
7. B
8. D
9. C
10. D

## CHAPTER 6 TEST

1. C
2. B
3. D
4. C
5. B
6. A
7. C
8. B
9. A
10. B
11. C

## CHAPTER 7 TEST

1. B
2. C
3. D
4. A
5. B
6. D
7. C
8. A
9. C
10. C

## CHAPTER 8 TEST

1. C
2. C
3. D
4. B
5. B
6. D
7. C
8. C
9. B
10. A
11. B

## CHAPTER 9 TEST

1. D
2. C
3. B
4. C
5. C
6. D
7. C
8. C
9. B
10. C
11. A
12. B
13. D

### CHAPTER 10 TEST

| | |
|---|---|
| 1. | C |
| 2. | A |
| 3. | C |

### CHAPTER 11 TEST

| | |
|---|---|
| 1. | A |
| 2. | A |
| 3. | C |
| 4. | B |
| 5. | C |
| 6. | D |
| 7. | B |
| 8. | A |

### CHAPTER 12 TEST

| | |
|---|---|
| 1. | B |
| 2. | A |
| 3. | D |
| 4. | C |
| 5. | A |
| 6. | D |
| 7. | C |
| 8. | C |
| 9. | B |
| 10. | A |

### CHAPTER 13 TEST

| | |
|---|---|
| 1. | D |
| 2. | C |
| 3. | D |
| 4. | C |
| 5. | B |
| 6. | C |
| 7. | B |
| 8. | C |
| 9. | A |
| 10. | B |
| 11. | C |

### CHAPTER 14 TEST

| | |
|---|---|
| 1. | D |
| 2. | A |
| 3. | C |
| 4. | B |
| 5. | A |
| 6. | B |
| 7. | D |
| 8. | B |
| 9. | C |
| 10. | A |

### CHAPTER 15 TEST

| | |
|---|---|
| 1. | C |
| 2. | C |
| 3. | A |
| 4. | A |
| 5. | B |
| 6. | D |
| 7. | B |
| 8. | A |
| 9. | D |
| 10. | C |
| 11. | B |

### CHAPTER 16 TEST

| | |
|---|---|
| 1. | A |
| 2. | C |
| 3. | D |
| 4. | B |
| 5. | B |
| 6. | A |
| 7. | D |
| 8. | C |
| 9. | D |
| 10. | C |

### CHAPTER 17 TEST

| | |
|---|---|
| 1. | B |
| 2. | B |
| 3. | A |
| 4. | C |
| 5. | D |
| 6. | C |
| 7. | A |
| 8. | C |
| 9. | A |

### CHAPTER 18 TEST

| | |
|---|---|
| 1. | C |
| 2. | B |
| 3. | B |
| 4. | C |
| 5. | D |
| 6. | B |
| 7. | C |
| 8. | B |
| 9. | D |
| 10. | A |

### CHAPTER 19 TEST

| | |
|---|---|
| 1. | C |
| 2. | D |
| 3. | D |
| 4. | B |
| 5. | A |
| 6. | C |
| 7. | B |
| 8. | D |
| 9. | B |

### CHAPTER 20 TEST

| | |
|---|---|
| 1. | C |
| 2. | B |
| 3. | D |
| 4. | C |
| 5. | D |
| 6. | A |
| 7. | C |
| 8. | B |

### CHAPTER 21 TEST

| | |
|---|---|
| 1. | C |
| 2. | A |
| 3. | B |
| 4. | D |
| 5. | C |
| 6. | B |
| 7. | B |
| 8. | A |
| 9. | C |
| 10. | B |

### CHAPTER 22 TEST

1. A
2. B
3. D
4. A
5. C
6. D
7. D
8. D

### CHAPTER 23 TEST

1. C
2. B
3. A
4. C
5. D
6. B
7. A
8. D
9. A

### CHAPTER 24 TEST

1. B
2. D
3. B
4. A
5. B
6. A
7. C
8. D
9. A
10. D

### CHAPTER 25 TEST

1. B
2. D
3. A
4. D
5. C
6. D
7. B
8. B
9. C
10. A

### CHAPTER 26 TEST

1. C
2. A
3. B
4. C
5. B
6. C
7. B
8. D
9. A
10. C

### CHAPTER 27 TEST

1. C
2. B
3. D
4. B
5. A
6. D

### CHAPTER 28 TEST

1. A
2. C
3. B
4. D
5. D

### CHAPTER 29 TEST

1. C
2. D
3. C
4. B
5. A
6. D
7. B
8. B
9. B
10. D

### CHAPTER 30 TEST

1. B
2. A
3. C
4. B
5. D
6. C
7. A
8. C
9. B
10. C

### CHAPTER 31 TEST

1. B
2. C
3. D
4. A
5. C
6. B
7. C
8. A
9. B
10. D

### CHAPTER 32 TEST

1. A
2. B
3. D
4. C
5. B
6. A
7. D
8. C
9. D
10. C

# Assistance Services for the Elderly

## Student Activity Book

DAIL
Special interests
100
TRAVEL

VOCATIONAL HOME ECONOMICS EDUCATION DEPARTMENT OF OCCUPATIONAL EDUCATION AND TECHNOLOGY
TEXAS EDUCATION AGENCY AUSTIN, TEXAS

51

# ASSISTANCE SERVICES FOR THE ELDERLY

## STUDENT ACTIVITY BOOK

Developed and disseminated by:

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Department of Curriculum and Instruction
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Vocational Home Economics Education
Austin, Texas

JANUARY, 1988

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# Preface

With the many technological breakthroughs in recent decades, people are living longer, healthier lives. Fewer than five percent of the elderly population live in residential care facilities. Although there are many opportunities to work with the elderly persons in a voluntary capacity, most paid employment possibilities involve caring for the elderly person whose physical capabilities for self care are diminishing.

Rather than devoting a complete section of this book to the care provider's role in working with elderly who are frail, information and skills for doing so are interwoven throughout the book. The intent is that individuals using these materials focus upon the positive contributions elderly persons make in society and ways in which care providers can assist elderly persons so that the quality of their lives is enhanced, not just maintained.

### Occupational Education Series

*Assistance Services for the Elderly* is part of an occupational education series which focuses on a broad range of employment opportunities. Each title in the series addresses one career cluster. The instructional materials designed for each cluster include four components:

- **Reference Book**. This book provides information needed by employees in the occupational area. Each chapter begins with Competencies to Develop and Objectives to Achieve. Within the text, italicized, bold-faced vocabulary terms are followed by a definition or explanation. Illustrations of equipment and procedures aid student learning. The content of each chapter is summarized in the Points to Remember section. The vocabulary terms are repeated in a list of Words to Know. Technical terms and concepts may also be located quickly by using the index. Questions for Review are provided for the student as a self-test.
- **Curriculum Guide**. This guide provides a variety of teacher information. Teaching strategies, teaching aids, laboratory management guides, and test questions are coordinated with the chapters in the reference book.
- **Student Activity Book**. This book provides a variety of pencil-and-paper activities. Activities are correlated with the chapters in the reference book.
- **Student Aids**. These provide information at third and fourth grade reading levels and simplified pencil-and-paper activities.

This series of coordinated components is designed to meet a variety of instructional needs. The needs of both cooperative education and laboratory education students can be met. Both regular and special needs students can be accommodated.

### Student Activity Book

The *Student Activity Book* was written to accompany the *Assistance Services for the Elderly* reference book. Its 32 chapters correspond to the 32 chapters in the *Assistance Services for the Elderly* reference book. Each chapter in the *Student Activity Book* contains a variety of pencil-and-paper activities designed to reinforce the concepts presented in the reference book.

Each chapter begins with Competencies to Develop and Objectives to Achieve, followed by a short paragraph describing the purpose of the chapter. The first activity is the same for each chapter: defining terms from the Words to Know list. The remainder of the chapter is completed with a variety of activities: crossword puzzles, mazes, fill-in-the-blank, matching, paragraph writing, etc.

Careful study of the activities in the *Student Activity Book* will yield a much greater understanding of the exciting and growing field of assistance services for the elderly.

# 1

# Chapter One
# Understanding The Elderly In The United States

**COMPETENCIES TO DEVELOP**

- Analyze factors relating to the elderly in the United States.
- Demonstrate a better understanding of the elderly.

**OBJECTIVES TO ACHIEVE**

- Point out reasons for the increasing need to train people to work with the elderly.
- Describe factors affecting the increasing proportion of elderly in the United States.
- Summarize the process of aging associated with the elderly.
- Determine the definition of "old" from various age groups.
- Identify the chronological age categories of the elderly.
- Identify the myths and stereotypes associated with the elderly.
- Describe realistic views of the elderly.
- Contrast the role of the elderly, their status, and contributions in various cultures.
- Identify the rights of the elderly.
- Outline future trends associated with the elderly.

For the first time in the history of the United States, there are more people over 65 than there are teenagers under 20. Today's elderly are healthier and better educated. In the past, society faced the problem of people having a shortened life span. Today, the fastest growing age group is people over 80. Statistics show that every day there are approximately 1600 more Americans over 65 than there were the day before.

This chapter will give the care provider a better understanding of the elderly in the United States.

ACTIVITY 1-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

biological aging ______________________________

______________________________

fertility rate ______________________________

______________________________

mortality rate ______________________________

______________________________

myths ______________________________

______________________________

psychological aging ______________________________

______________________________

social aging ______________________________

______________________________

stereotypes ______________________________

______________________________

Additional Terms

ACTIVITY 1-2

**DIRECTIONS**: Answer the following questions in the space provided.

1. What factors contribute to the increasing need to train individuals to work with the elderly?

2. Describe an existing need for trained individuals to work with the elderly in your community.

ACTIVITY 1-3

A. DIRECTIONS: Read each statement. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F to the left of the statement.

T F 1. Today's elderly are healthier and better educated than past generations.

T F 2. The fastest growing age group is that of people under 80.

T F 3. Today's older population represents one in every nine Americans.

T F 4. On the average, people who reach the age of 65 can expect to live an additional 16.8 years (18.8 years for females and 14.4 years for males).

B. DIRECTIONS: Unscramble the following words to reveal the two main factors affecting the increasing proportion of elderly in the United States. Write each word on the broken lines. After discovering each answer, write a definition on the solid lines.

1. reecdgnias tymalitro tear

_ _ _ _ _ _ _ _ _ _ _   _ _ _ _ _ _ _ _ _   _ _ _ _

______________________________________________

2. clingdein litefrity ater

_ _ _ _ _ _ _ _ _   _ _ _ _ _ _ _ _ _   _ _ _ _

______________________________________________

ACTIVITY 1-4

DIRECTIONS: Review the process of aging associated with the elderly by completing the matching exercise. Match the type of aging to its appropriate factor. Place the letter of the term in the blank to the left of each factor. The letters can be used more than once.

FACTORS

____ 1. Changes in roles performed

____ 2. Ability to adapt to environment

____ 3. Chronological age

____ 4. Ability to accept one's environment

____ 5. Interaction with others

____ 6. Changes in physical capabilities

TYPE OF AGING

A. Biological aging

B. Psychological aging

C. Social aging

ACTIVITY 1-5

DIRECTIONS: Examine your own feelings about the elderly and the aging process. In the space below, write a short paragraph about one of the following topics:

* "What does 'old' mean?"
* "How old is 'old'?"

ACTIVITY 1-6

DIRECTIONS: In the space provided, write the name for the appropriate age group as categorized by the Census Bureau.

______________________________ 1. Ages 55-64

______________________________ 2. Ages 65-74

______________________________ 3. Ages 75-84

______________________________ 4. Ages 85 or older

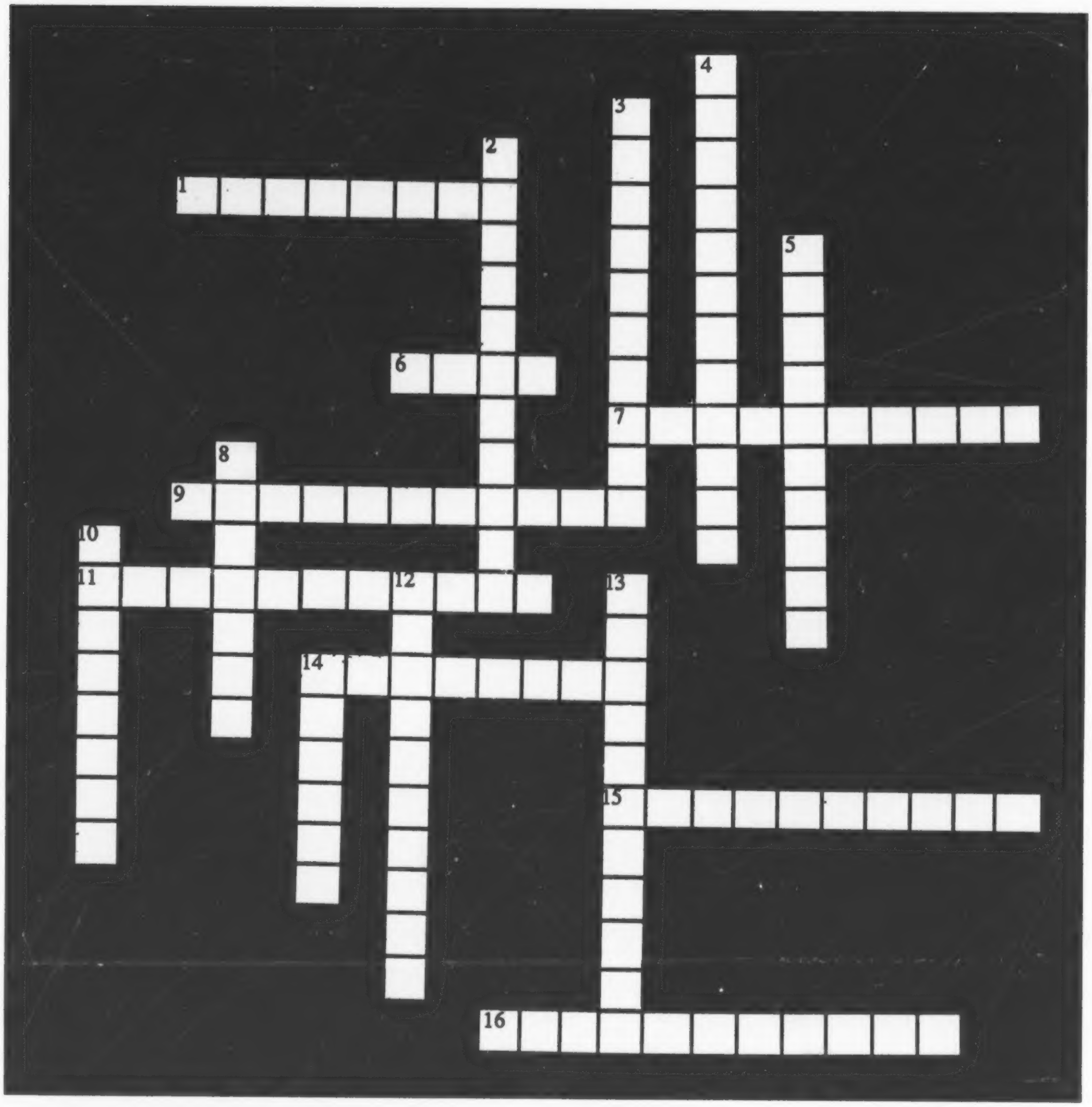
ACTIVITY 1-7

DIRECTIONS: Read each statement below. Distinguish between the myths and the realities by circling the T to the left of the statement if the statement is true (a reality) and by circling the F if the statement is false (a myth).

T F 1. Most older people live in nursing homes.
T F 2. Most older people are bored and lonely.
T F 3. Older people can live a healthy, physically active life.
T F 4. Most older people are interested in the opposite sex.
T F 5. Retirement brings about an early death.
T F 6. Services to older adults are always beneficial to the elderly.
T F 7. Most older people become senile.
T F 8. Most older people feel deeply about the losses in their life such as the loss of a spouse, their old jobs, and their deceased friends.
T F 9. Aging deterioration often is not obvious until very late in life.
T F 10. Older adults are often more innovative and open than younger people.
T F 11. All older people want is serenity and tranquility.
T F 12. Most older adults are lonely and isolated from family and friends.

ACTIVITY 1-8

DIRECTIONS: Fill in the crossword puzzle using the missing words from the clues related to realistic views of the elderly.


1
2
3
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14
15
16

ACROSS

1. Many older people are ______________.
6. Patterns of aging ______________ among individuals.
7. Realistic views of the elderly will enable the care provider to recognize the ____________ of an elderly person.
9. ______________ percent of older people live in the community and are not institutionalized or in protective settings.
11. 'Old age' and 'brain damage' alone do not account for the changes seen or the mode of adaption of ____________ ____________.
14. The ______________ of older people is balanced by a more balanced view of the joys and sadness of life.
15. Many older people are _______________.
16. Human ______________ is unique and the differences are seen most clearly in later life.

DOWN

2. Older people who are ____________ may be painfully aware of the brevity of life.
3. Diseases, life experiences, socioeconomics, and other forces along with subjective experience of growing old and approaching death, all interweave to __________ to the picture of old age.
4. The ______ __________ should see the older person not as old first and a person second, but as a person with experience, who happens to be old.
5. Many older people are __________.
8. Older people are as ___________ as people in other periods of life.
10. Senior citizens ___________ to learn and change in response to experiences and human relationships.
12. Older people who are ___________, may be painfully aware of the brevity of life and its tragedies.
13. Elderly people are not a __________ group.
14. _____ ______ is characterized by complex changes that are multiple, occur rapidly, and have profound effects.

ACTIVITY 1-9

DIRECTIONS: To review the role of the elderly in various cultures, select the most appropriate word or words from the list that best complete the sentence and fill in each blank to complete the sentence.

care provider

elderly

ethnic

history

isolated

minority

minority group

religious faith

stereotypes

subculture

1. Every person has an __________ background.

2. A __________ __________ is a group differing from the majority of the population.

3. Many __________ groups bear the added burden of racial prejudice, language barriers, suspicion of bureaucratic processes, and difficulty obtaining needed health and other services.

4. Elderly persons practicing a particular __________ __________ may also feel discriminated against.

5. Each person or group of persons in the United States has a special __________ in relation to the American social system.

6. Because of the differences in language, appearance, customs, and work roles, __________ about each group were formed.

7. Each minority group belongs to a __________ that involves its own unique priorities, language differences, and coping mechanisms.

8. Because the experiences of the young generation of minority groups are different, the elderly are often __________ within their own minority group.

9. The __________ bring wisdom and experience to all cultures.

10. The __________ __________ should realize that each individual is unique regardless of ethnic background and should strive to gain the trust and confidence of the elderly person.

ACTIVITY 1-10

DIRECTIONS: To review the rights of the elderly, select the most appropriate word or words from the list that best complete the sentence and fill in each blank to complete the sentence.

decent housing

dignity

fair share

freedom from want

knowledge

live independently

moral and financial support

obtain employment

useful

1. The right to be ______________________________.

2. The right to ______________________________ based on merit.

3. The right to ______________________________ in old age.

4. The right to a ______________________________ of the community's recreational, educational, and medical resources.

5. The right to obtain ______________________________ suited to needs of later years.

6. The right to the ______________________________ of one's family so far as it is consistent with the best interest of the family.

7. The right to ______________________________ as one chooses.

8. The right to live and die with ______________________________ .

9. The right of access to all ______________________________ on how to improve the later years of life.

ACTIVITY 1-11

DIRECTIONS: Answer the following questions in the space provided.

1. What future trends associated with the elderly are predicted? Back up the predictions with facts from readings.

2. How might these predicted future trends associated with the elderly affect the care provider's work in assistance services for the elderly?

# 2

# Chapter Two
# Services And Legislation For The Elderly

## COMPETENCIES TO DEVELOP

- Determine the services available to help meet the needs and interests of the elderly.
- Identify goals for providing services to help meet the arising needs of the elderly.
- Summarize legislation which affects the needs, interests, and rights of the elderly.
- Identify organizations concerned with legislation for the elderly.

## OBJECTIVES TO ACHIEVE

- Describe the role of the care provider as a member of the helping team.
- Describe results of the national conferences on aging.
- Describe the types of services available for the elderly.
- Point out how to gain information on services available to senior citizens.
- Identify services for the elderly provided by community volunteers.
- Describe legislation which affects the elderly.
- Cite organizations which keep the elderly informed of new legislation.

One basic goal of the duties of a care provider is to meet the needs of the elderly. The role of care provider does not include making decisions for elderly persons, but rather assisting them in obtaining all of the information they need to make a decision.

This chapter will provide knowledge of services and legislation available to the care provider to help meet the needs, interests, and rights of the elderly.

ACTIVITY 2-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

AARP ____________________

advocacy ____________________

Aging Network ____________________

AIM ____________________

Alzheimer's disease ____________________

Department of Health and Human Services ____________________

enabler ____________________

Friendly Visitor Service ____________________

Gray Panthers ____________________

Homemaker Services ____________________

indirect services ____________________

ombudsman ____________________

RSVP ____________________

SCORE ____________________

Silver Haired Legislature ____________________

SSI ____________________

STEP ____________________

Telephone Reassurance ____________________

Texas Department of Aging ____________________

VISTA ____________________

Additional Terms

ACTIVITY 2-2

DIRECTIONS: Write a paragraph (s) explaining the role of the care provider as a member of the helping team.

ACTIVITY 2-3

DIRECTIONS: Review the results of the national conferences on aging by completing the matching exercise. Match the conference achievement to the most appropriate action factors. Place the letter of the conference achievement in the blank to the left of each action factor.

ACTION FACTORS

____ 1. Provided Medicare and Medicaid

____ 2. Makes recommendations concerning the needs of the elderly

____ 3. Enacted the Age Discrimination in Employment Act

____ 4. Helps the elderly through grants given to states for community services, training, and research

____ 5. Established the Administration on aging and initiated federal grant programs to states to help the elderly remain active and independent

____ 6. Removed the mandatory retirement age for everyone except fire fighters, policemen, and tenured professors

CONFERENCE ACHIEVEMENT

A. Age Discrimination in Employment Act

B. Department of Health and Human Services

C. Federal Council on Aging

D. National Institute on Aging

E. Older Americans Act 1965

F. Social Security Act 1967

## ACTIVITY 2-4

DIRECTIONS: Review six of the community, state, and federal services for the elderly. Summarize the type of service in the space provided. On the second line, list a source which provides the service. For example, Meals on Wheels could be a source providing nutritional services.

1. ____________________________________________

____________________________________________

Source: ____________________________________________

2. ____________________________________________

____________________________________________

Source: ____________________________________________

3. ____________________________________________

____________________________________________

Source: ____________________________________________

4. ____________________________________________

____________________________________________

Source: ____________________________________________

5. ____________________________________________

____________________________________________

Source: ____________________________________________

6. ____________________________________________

____________________________________________

Source: ____________________________________________

ACTIVITY 2-5

DIRECTIONS: Point out how to gain information on services available for the elderly by completing the following statements in the space provided.

1. The Information and Referral office maintained by the Texas Department on Aging provides accurate information on ____________________

2. Resources in the community to contact for general referral include ____________________

ACTIVITY 2-6

DIRECTIONS: Answer the following questions to identify services for the elderly provided by community volunteers.

1. Which of the community volunteer services have volunteers which agree to go to the houses and sit and talk with shut-in persons each week?

2. Which of the community services provide volunteers who telephone elderly people who have no relatives living nearby?

3. Identify a community volunteer service in the area where you are residing:

ACTIVITY 2-7

DIRECTIONS: Review highlights of current legislation which relate to the elderly by completing the following activity. For each item below, place the letter of the best answer in the blank to the left of the item.

____ 1. The Older Americans Act Amendments of 1984 places emphasis on targeting programs for the elderly in which of the following situations?
A. Low income minorities
B. Elderly with greatest social or economic needs
C. Average income levels
D. All income levels

____ 2. The act which makes private pension plans more equitable for women is the
A. Domestic Retirement Act of 1984
B. Retirement Reduction Act of 1984
C. Retirement Equity Act of 1984
D. Equity Programs Assistance Act of 1984

____ 3. Which of the following is not a feature of the Environmental Programs Assistance Act of 1984?
A. Conducting surveys of pesticides used in homes
B. Working with communities on toxic waste problems
C. Investigating complaints from nursing homes
D. Monitoring schools for asbestos

____ 4. Which of the following is not a feature of the Deficit Reduction Act of 1984?
A. Raised the Medicare Part B premium beginning 1987
B. Increased amount of assets an elderly person can have and be eligible for Supplemental Security Income
C. Decreased the Medicare Part B premium beginning 1987
D. Liberalized Supplemental Security Income eligibility requirements and some benefit amounts

____ 5. Supportive services and special consideration to victims of Alzheimer's disease and their families is one of the priority services of the
A. Older Americans Act Amendments of 1984
B. Environmental Programs Assistance Act of 1984
C. Domestic Volunteer Service Amendments of 1984
D. Deficit Reduction Act of 1984

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ACTIVITY 2-8

DIRECTIONS: Complete the matching exercise to identify advocacy groups known for their effectiveness in informing legislators of needs of the elderly. Match the advocacy group to the appropriate definition. Place the letter of the advocacy group in the blank to the left of each definition. The letters can be used more than once.

DEFINITION

____ 1. Lobbies to increase Social Security and Medicare benefits

____ 2. Identifies legislative priorities desired by older persons

____ 3. Alerts older Americans to pending legislation that might affect the elderly

____ 4. Informs members about legislative issues of special concern to older persons

____ 5. Acts as a watchdog for the interests of older citizens

____ 6. Works to educate legislators about the need for improved pension coverages, national health insurance programs, tax reform, etc.

____ 7. Lobbies for the implementation of the desired priorities at the local or state level

____ 8. Is a politically active group

____ 9. Is a body composed of delegates elected by older persons

____ 10. Keeps abreast of programs for older persons

ADVOCACY

A. Action for Independent Maturity (AIM)

B. American Association of Retired Persons (AARP)

C. Gray Panthers

D. Silver Haired Legislature

# 3 Chapter Three
# Job Opportunities In Services For The Elderly

**COMPETENCY TO DEVELOP**

- Analyze career and job opportunities in services for the elderly.

**OBJECTIVES TO ACHIEVE**

- Cite entry-level jobs in services for the elderly.
- Identify career and job opportunities in services for the elderly.
- Summarize the benefits and rewards of working with the elderly.

There are potential jobs for working with the elderly in every community. As an increasing percentage of the United States population (now about 12 percent) is 65 years or older, there will be a continuing need for services for the elderly.

This chapter will increase the individual's awareness of the various job opportunities in services for the elderly, and of the benefits and rewards of working with the elderly.

ACTIVITY 3-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

institutionalization

monetary

precedence

services for the elderly

Additional Terms

ACTIVITY 3-2

DIRECTIONS: Study the entry-level job opportunities in services for the elderly located in the reference book and answer the following exercises.

1. Circle the area you feel you would like to work in:

PERSONAL CARE DOMESTIC CHORES HEALTH CARE

2. Explain why you would like to work in this area: ______________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Relate the competencies and skills learned in assistance services for the elderly to jobs and careers: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Why do people usually perform well on jobs they like? __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

## ACTIVITY 3-3

DIRECTIONS: In the blanks provided, describe the experience, training, and/or education needed for the following categories of elder care jobs. Examples of jobs in each category are listed.

1. Entry-level
   - Caregiver/Enabler
   - Home Health Aid
   - Home Helper
   - Home Attendant
   - Care Provider
   - Care Giver
2. Semi-skilled
   - Child Development Aid
   - Social Work Aid
   - Long Term Care Facility Aid
3. Skilled
   - Licensed Practical Nurse (LPN)
   - Physician's Assistant (PA)
   - Social Worker
4. Nursing, Supervision/Management, Research
   - Registered Nurses
   - Long Term Care Facility Administrator
   - Administrator for Social Work
   - Director of Programs for Elderly
   - Public Welfare Administrator
   - Curriculum Consultant Project Director
   - Gerontologist Consultant/Director
   - Consultant Administrator

## ACTIVITY 3-4

DIRECTIONS: Write a paragraph explaining the benefits and rewards of working with the elderly.

# 4

# Chapter Four
# Employee Qualifications

## COMPETENCY TO DEVELOP

- Describe personal qualities which lead to job success in services for the elderly.

## OBJECTIVES TO ACHIEVE

- Describe the factors affecting the physical capabilities helpful for working in services for the elderly.
- Identify attitudes important for the elder care employee.
- Describe the ethics needed by employees working in services for the elderly.
- Summarize desirable qualities needed by elder care employees.
- Identify good work habits which lead to job success in services for the elderly.
- Cite how time management contributes to accomplishing routine work efficiently.
- Summarize work simplification.

The employee working in services for the elderly needs certain physical capabilities, a positive attitude, moral principles, and good work habits.

This chapter will focus on the personal qualities which lead to job success in services for the elderly.

ACTIVITY 4-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

administer ________________________________________

____________________________________________________

alignment ________________________________________

____________________________________________________

confidentiality ____________________________________

____________________________________________________

dependability ______________________________________

____________________________________________________

empathy __________________________________________

____________________________________________________

ethics ____________________________________________

____________________________________________________

patience __________________________________________

____________________________________________________

stability __________________________________________

____________________________________________________

susceptibility ______________________________________

____________________________________________________

tactfulness ________________________________________

____________________________________________________

Additional Terms

ACTIVITY 4-2

DIRECTIONS: In the spaces provided below, list four of the five physical factors that the care provider for the elderly should have. Write a brief description below each factor.

1. ________________________________:

________________________________________________________________

________________________________________________________________

2. ________________________________:

________________________________________________________________

________________________________________________________________

3. ________________________________:

________________________________________________________________

________________________________________________________________

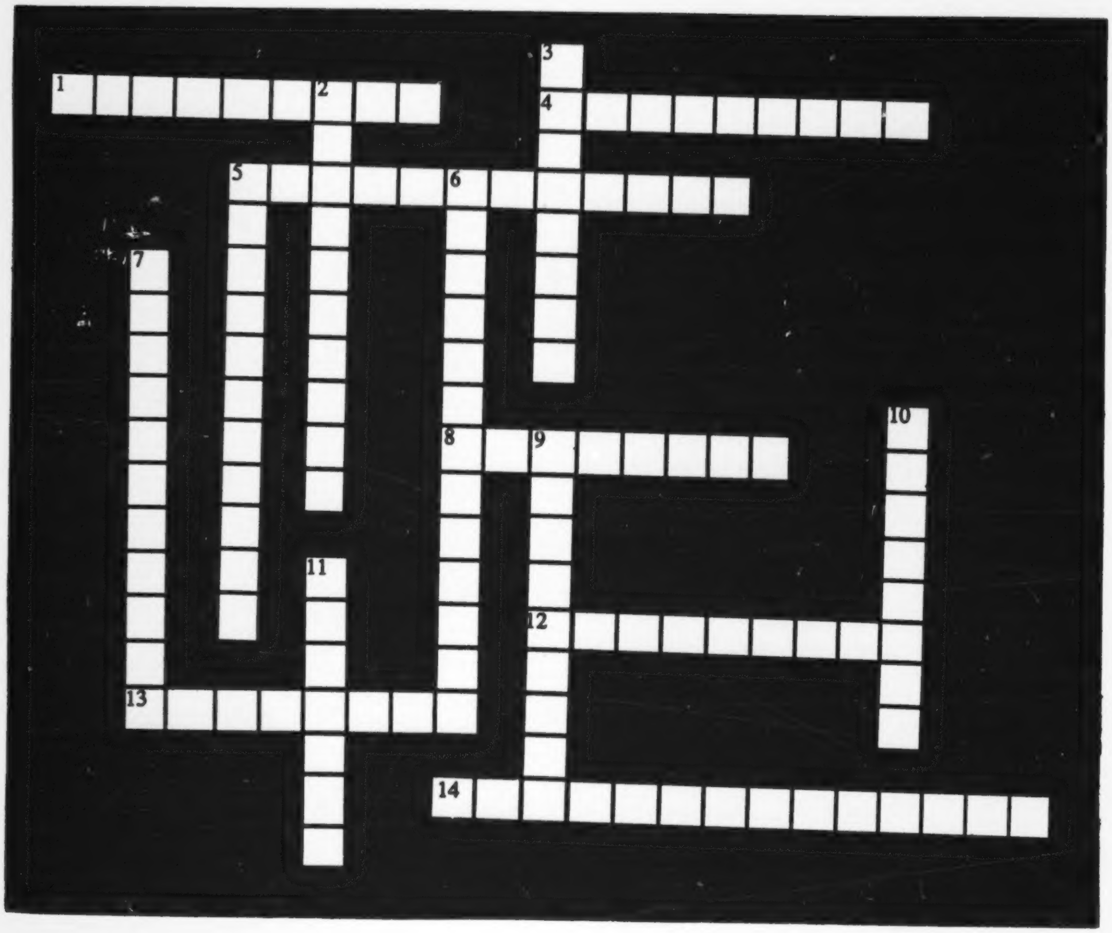
4. ________________________________:

________________________________________________________________

________________________________________________________________

ACTIVITY 4-3

DIRECTIONS: To identify attitudes important for the elderly care provider, complete the following crossword puzzle.


1
2
3
4
5
6
7
8
9
10
11
12
13
14

ACROSS

1. The ability to understand pressure and remain calm in crisis is known as _______________.
4. _______________ is the ability to grasp instructions and meet changing conditions.
5. The ability to display a warm and outgoing attitude toward others is _______________.
8. _______________ is the ability to be careful and meticulous, consistently avoiding mistakes.
12. The ability to have a fair and objective attitude toward those whose opinions, practices, race, religion, or nationality differ from one's own is _______________.
13. The ability to share the feelings of another, especially in sorrow and trouble is known as _____________.
14. The ability to accept one's obligations, answer for one's conduct and actions, and deserve the trust or confidence of others is _______________.

DOWN

2. ______________ is the ability to be a self-starter rather than waiting to be told by others when, where, how, and what to do.
3. _______________ is the ability to bear provocation, annoyance, misfortune, what is disagreeable or what requires effort without complaint, loss of temper, or irritation.
5. _______________ is the ability to adjust to meet new needs or a changing situation.
6. _______________ is the ability to do a required task well without direction.
7. _______________ is the ability to do and say the right thing at the right time.
9. The ability to be polite and considerate and to cooperate with others is the ability to be _______________.
10. _______________ is the ability to give respect and special regard to others.
11. _______________ is the ability to be aware of and understand another's feelings.

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ACTIVITY 4-4

DIRECTIONS: Write a paragraph that describes the ethics needed by employees working in services for the elderly.

ACTIVITY 4-5

DIRECTIONS: Answer the following exercise in the space provided.

What are the most important qualities needed by a care provider working in assistance services for the elderly?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

6. ____________________

ACTIVITY 4-6

DIRECTIONS: Unscramble the following words related to good work habits. After discovering the word, write it on the broken lines. Briefly describe each answer on the solid line.

1. pmontrspes dan entanatecd

– – – – – – – – – –    – – –    – – – – – – – – –

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

2. odog seu fo rokw meit

– – – –    – – –    – –    – – – –    – – – –

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

3. esu fo orppre gnualgea

– – –    – –    – – – – – –    – – – – – – – –

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

4. f di nenc t oi la      fin mor t inao

_ _ _ _ _ _ _ _ _ _ _ _      _ _ _ _ _ _ _ _ _ _ _

5. dnha      awhisgn

_ _ _ _      _ _ _ _ _ _ _

ACTIVITY 4-7

DIRECTIONS: List the eight general rules for reducing fatigue and increasing the amount of work to be done. Write each rule in the space provided to the right of the number. In the space provided below each rule, explain how each rule might help the care provider accomplish routine work efficiently.

1.

2.

3. ____________________________________________

4. ____________________________________________

5. ____________________________________________

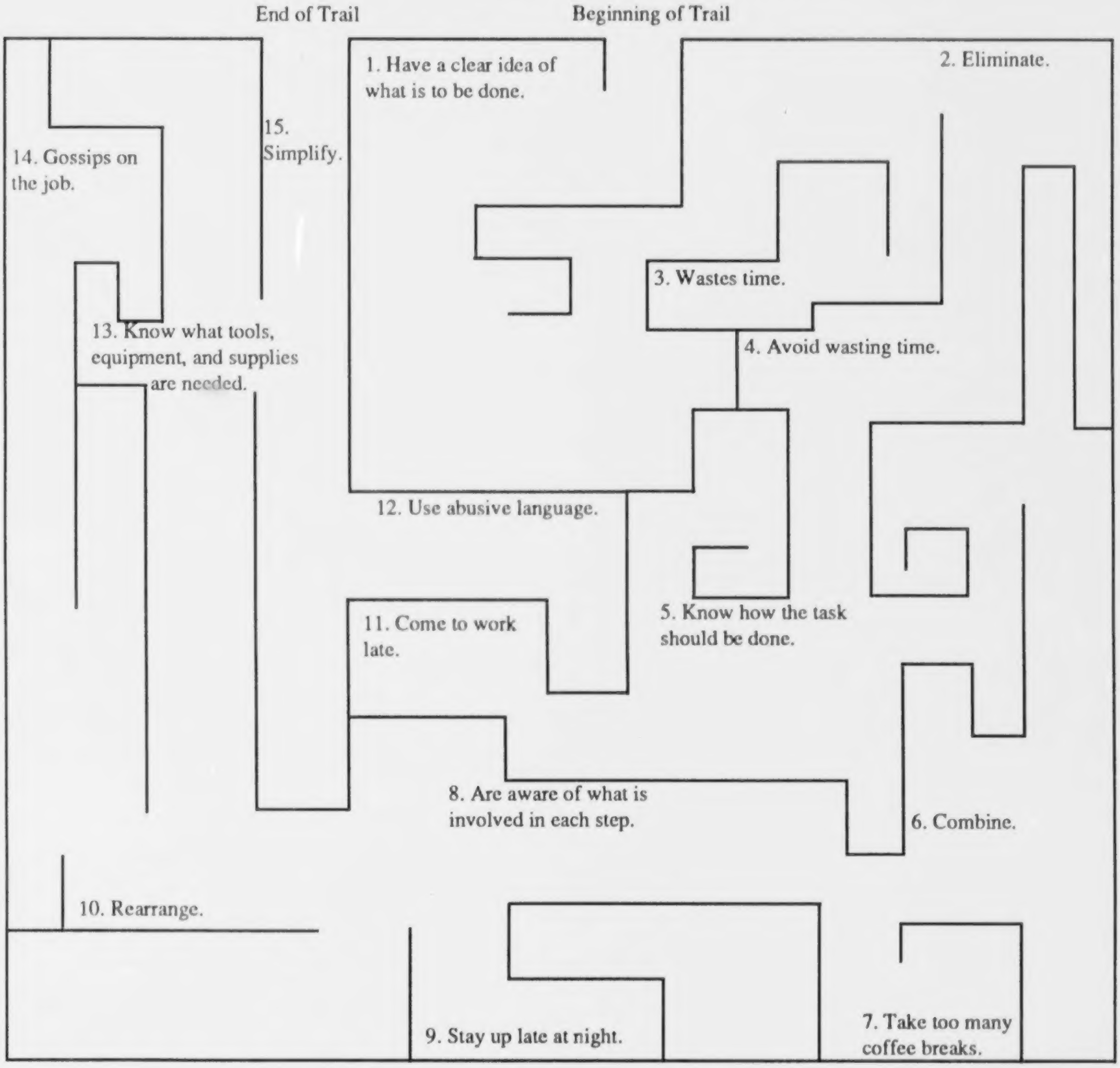
6. ____________________________________________

7. ____________________________________________

8. ____________________________________________

ACTIVITY 4-8

DIRECTIONS: Work simplification can lead to more efficient work. To simplify work, follow the trail through the maze below. If you take the best route for work simplification, you will reach the end of the trail. Use a pencil to trace your path. Good luck!


End of Trail
Beginning of Trail
1. Have a clear idea of what is to be done.
2. Eliminate.
3. Wastes time.
4. Avoid wasting time.
5. Know how the task should be done.
6. Combine.
7. Take too many coffee breaks.
8. Are aware of what is involved in each step.
9. Stay up late at night.
10. Rearrange.
11. Come to work late.
12. Use abusive language.
13. Know what tools, equipment, and supplies are needed.
14. Gossips on the job.
15. Simplify.

In your own words summarize the process of work simplification. ______________________

# 5

# Chapter Five
# Physical Needs Of The Elderly

## COMPETENCIES TO DEVELOP

- Point out the physical needs of the elderly.
- Determine the physical changes which occur with aging.
- Analyze the measures to lessen the effects of physical changes in the elderly person.

## OBJECTIVES TO ACHIEVE

- Describe the physical needs of the aging person.
- Cite factors which affect the process of aging.
- Summarize the physical changes that typically occur as a person ages.
- Describe signs to look for when observing physical changes.
- Find measures to lessen the effects of physical changes in the elderly person.

To better understand the behavior of the elderly person, it is necessary for the care provider to know about the changes that normally occur in the body as people age. The physical changes can have an important effect on attitudes, self concept, and abilities to perform.

This chapter will help the elder care provider to better understand the physical needs of the elderly, the behavior which may result from physical changes, and the measures to lessen the effects of physical changes of the elderly.

## ACTIVITY 5-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

cardiovascular ______________________________________________

______________________________________________________

digestive system ____________________________________________

______________________________________________________

muscular system ____________________________________________

______________________________________________________

paradox __________________________________________________

______________________________________________________

respiratory system __________________________________________

______________________________________________________

skeletal system _____________________________________________

______________________________________________________

urinary system ______________________________________________

______________________________________________________

Additional Terms

ACTIVITY 5-2

**DIRECTIONS:** In the space provided, write a paragraph(s) describing the physical needs of the aging person.

ACTIVITY 5-3

DIRECTIONS: List the factors which affect the process of aging. In the space provided below each factor, briefly explain.

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

7. ______________________________

ACTIVITY 5-4

DIRECTIONS: To summarize the physical changes that typically occur as a person ages, complete the following activity. For each statement that you agree with, put an X in the blank labelled "agree." For each statement that you disagree with, put an X in the blank labelled "disagree." Then write a one-sentence statement defending your answer in the space below each statement.

1. Gray or thinning hair is one of the most noticeable distinctions of old age.

_____ Agree _____ Disagree

2. Body maintenance becomes easier with old age.

_____ Agree _____ Disagree

3.Skin often becomes less elastic with old age.

_____ Agree _____ Disagree

4. Varicose veins become more prevalent with old age.

_____ Agree _____ Disagree

5. Proper exercise and diet can increase the life and productivity of the cardiovascular and respiratory systems.

_____Agree _____ Disagree

6. The digestive system does not experience change through the aging process.

_____ Agree _____ Disagree

7. Loss of muscle control contributes to problems in the urinary system.

_____ Agree _____ Disagree

8. The skeletal system does not age because bones cannot deteriorate.

_____ Agree _____ Disagree

9. Muscle tissue breaking down, muscles becoming less elastic, and reflexes slowing down are all signs of an aging muscular system.

_____ Agree _____ Disagree

10. The five senses are not affected as people grow older.

_____ Agree _____ Disagree

11. Movement sometimes becomes more difficult due to decreased amounts of strength and energy.

_____ Agree _____ Disagree

ACTIVITY 5-5 .

DIRECTIONS: Review the trouble signs the care providers should watch for when caring for the elderly by completing the matching exercise. Match the trouble sign with the appropriate location on the body. Place the letter of the trouble sign in the blank to the left of each body location.

BODY LOCATION

____ 1. Inability to breathe clearly through the nose
____ 2. Swelling, tenderness, pain, or cramps
____ 3. Redness, swelling, odor, or discharge in or near the genitals.
____ 4. Swelling, unable to turn neck from side to side
____ 5. Sores, dryness, brittle hair
____ 6. Ability to move, including high reach and tight grasp; fingernails with a bluish tinge
____ 7. Drainage, sores behind the ears, changes in hearing
____ 8. Mouth odor, sores or cracks on the lips, poor condition of the gums and teeth
____ 9. Swelling at lower back or hips, white or red patches that indicate potential pressure sores
____ 10. Sores on heels and the bones at the ankle, difference in color, ingrown toenails
____ 11. Noisy breathing, cannot cough deeply; both sides of the chest do not move together with each breath; rash or irritation under the breasts
____ 12. Ability to move, including the distance kicked frontwards, sideways, and backwards; swelling or redness of knees and ankles
____ 13. Red or sore eyelids and rims of eye, clouding in the eyes; different-sized pupils

TROUBLE SIGNS

A. Abdomen
B. Arms and hands
C. Back
D. Between the legs
E. Chest
F. Ears
G. Eyes
H. Feet
I. Hair and scalp
J. Legs
K. Mouth
L. Neck
M. Nose

## ACTIVITY 5-6

DIRECTIONS: Select the preventive measure most likely to lessen the effects of physical changes in the elderly. Place the letter of the appropriate preventive measure in the space provided.

____ 1. Which of the following is suggested for preserving the life of the cardiovascular system?

A. Large amounts of sleep
B. Diet and exercise

____ 2. Which of the following is suggested for improving circulation?

A. Take an aspirin a day
B. Provide warmth

____ 3. Which of the following is suggested for regulating circulation and preventing infection?

A. Proper diet
B. Excessive exercise

____ 4. Which of the following is suggested for a person with respiratory problems?

A. Access to a heating pad
B. Large amounts of sleep

____ 5. Which of the following is suggested for people with respiratory disorders?

A. Larger amounts of food
B. Smaller amounts of food

____ 6. Which of the following is suggested for lessening the effects of physical changes in the elderly person?

A. Balanced diet, exercise, and rest
B. Drugs and medication

# 6

# Chapter Six
# Emotional Needs Of The Elderly

**COMPETENCIES TO DEVELOP**

- Point out the emotional needs of the elderly.
- Determine factors which may cause changes in the emotional well-being of an elderly person.
- Examine emotional problems of the elderly.
- Analyze ways to help the elderly person with emotional adjustments.

**OBJECTIVES TO ACHIEVE**

- Identify the emotional needs of the elderly.
- Describe how human needs affect the emotional well-being of the elderly.
- Summarize ways to help ease feelings of threatened needs experienced by the elderly.
- Summarize the changes/losses that may affect the emotional well-being of an older person.
- Identify emotional problems of the elderly.
- List factors which may promote emotional adjustments to losses.
- Describe ways a care provider can help an older person adjust to changes.

Everyone, regardless of age, has the same basic emotional needs–the need to feel comfortable with themselves and the world around them. Since human needs may affect emotional well-being, it is important for a care provider to be aware of what the needs are and the ways in which he or she can help the elderly from feeling as if these needs are being threatened.

This chapter will help the elder care provider to better understand the emotional needs and problems of the elderly and the factors which cause changes in their emotional well-being; and will enable the care provider to analyze ways to help the elderly person with emotional adjustments.

ACTIVITY 6-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

anxiety ______________________________

apathy ______________________________

depression ______________________________

grief ______________________________

hypochondria ______________________________

loneliness ______________________________

Maslow's hierarchy ______________________________

paranoia ______________________________

physical survival ______________________________

safety and security ______________________________

self-fulfillment ______________________________

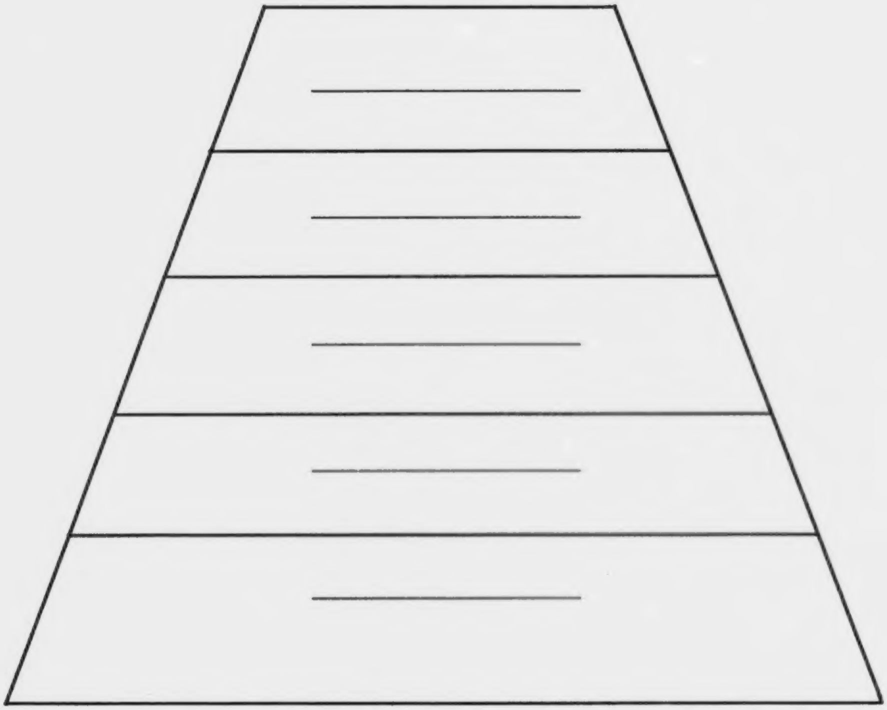
self-worth ______________________________

social isolation ______________________________

Additional Terms

ACTIVITY 6-2

DIRECTIONS: Identify the emotional needs of the elderly by completing the chart of Maslow's hierarchy of human needs. Write the need on the solid line provided. Write a brief description of the need in the space below the need. Write the basic need at the base of the triangle and proceed up to the most advanced need as ranked by Abraham Maslow.



ACTIVITY 6-3

DIRECTIONS: Write a paragraph(s) describing how human needs affect the emotional well-being of the elderly.

ACTIVITY 6-4

DIRECTIONS: Answer the following statements to summarize how the care provider can help to ease feelings of threatened needs experienced by the elderly.

1. The care provider can help to reduce anxiety in the older person by:

A. ____________________________________________

____________________________________________

B. ____________________________________________

____________________________________________

2. The following are ways the care provider can help older persons have good feelings about themselves:

A. ____________________________________________

____________________________________________

B. ____________________________________________

____________________________________________

C. ____________________________________________

____________________________________________

D. ____________________________________________

____________________________________________

E. ____________________________________________

____________________________________________

F. ____________________________________________

____________________________________________

G. ____________________________________________

____________________________________________

H. ____________________________________________

____________________________________________

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3. The care provider can help the elderly with reactions to grief by:

A. ____________________________________________

____________________________________________

B. ____________________________________________

____________________________________________

C. ____________________________________________

____________________________________________

4. The care provider can help the elderly person feel emotionally safe and secure by:

A. ____________________________________________

____________________________________________

B. ____________________________________________

____________________________________________

C. ____________________________________________

____________________________________________

D. ____________________________________________

____________________________________________

E. ____________________________________________

____________________________________________

5. A care provider can help elderly persons feel loved by:

A. ____________________________________________
B. ____________________________________________
C. ____________________________________________
D. ____________________________________________
E. ____________________________________________

6. A care provider can help elderly persons feel worthwhile by:

A. ______________________________________________________________

______________________________________________________________

______________________________________________________________

B. ______________________________________________________________

______________________________________________________________

______________________________________________________________

C. ______________________________________________________________

______________________________________________________________

______________________________________________________________

D. ______________________________________________________________

______________________________________________________________

______________________________________________________________

E. ______________________________________________________________

______________________________________________________________

______________________________________________________________

7. The care provider can best encourage and promote self-fulfillment in the older person by:

A. ______________________________________________________________

______________________________________________________________

B. ______________________________________________________________

______________________________________________________________

C. ______________________________________________________________

______________________________________________________________

ACTIVITY 6-5

DIRECTIONS: Review the factors which may effect the emotional well-being of an older person by completing the matching exercise. Place the letter of the loss which may affect emotional well-being with the most appropriate description.

DESCRIPTION OF LOSS

____ 1. Gradual slowing down of the aging process

____ 2. Outliving spouse, friends, or family

____ 3. Reduction in the amount of money available

____ 4. Feeling of not being needed, lessened self-satisfaction, fewer responsibilities

____ 5. Giving up a house, familiar surroundings. etc.

____ 6. Declining vision, loss of hearing, smell and taste deficits

LOSSES AFFECTING EMOTIONAL WELL-BEING

A. Income

B. Physical Functioning

C. Possessions

D. Relationships

E. Sensory Changes

F. World of Work-

ACTIVITY 6-6

DIRECTIONS: Identify emotional problems of the elderly by selecting the emotional and physical symptoms for the emotional feeling. Place the letter of the emotional feeling in the space provided by each emotional symptom and by each physical symptom. The letters can be used more than once.

EMOTIONAL SYMPTOMS

___ 1. Sadness, feeling blue, crying spells

___ 2. Overconcern for one's emotional health

___ 3. Sense of unreality, feeling of increased distance from other people, guilt and hostile feelings

___ 4. Insomnia, complaining, fatigue, hostility, pacing, inability to sit still, nervous mannerisms

PHYSICAL SYMPTOMS

___ 5. Physical complaints that have no medical basis

___ 6. Decreased appetite and weight, constipation, heart palpitations, fatigue, slowing of movements, agitation

___ 7. Increased pulse rate and blood pressure, frequency of urgent urination

___ 8. Numbness, shortness of breath, tightness of throat, choking, sobbing, sighing, exhaustion, weakness, digestive upset, insomnia, and loss of appetite

EMOTIONAL FEELINGS

A. Anxiety

B. Depression

C. Grief

D. Hypochondria

ACTIVITY 6-7

DIRECTIONS: Answer the following question in the space provided.

1. The care provider may be able to help older people adjust to losses affecting emotional well-being by:

A. ______________________________

______________________________

B. ______________________________

______________________________

C. ______________________________

______________________________

ACTIVITY 6-8

**DIRECTIONS:** Answer the following questions in the space provided.

1. How might the care provider help the older person deal with social isolation?

2. How can the care provider help to reduce loneliness among older people?

3. How might the care provider help the older person avoid paranoia?

# 7

# Chapter Seven
# Mental Needs Of The Elderly

**COMPETENCIES TO DEVELOP**

- Point out the mental needs of the elderly.
- Determine factors which may cause change in the mental abilities of the elderly.
- Analyze ways to help the elderly person with mental disorders.

**OBJECTIVES TO ACHIEVE**

- Identify the mental disorders of the aged.
- Identify ways to care for the needs of the mildly and very confused older person.
- List factors which can cause change in the mental abilities of the elderly.
- Define the types of memories which may be affected by an illness or health problems.
- Describe the common mental changes that may occur among the elderly.
- Summarize ways to carry out reality orientation.

It is a common belief that as people go through the aging process there is a decline in mental capacity; however, studies show that the decline is not a result of the aging process but rather from inadequate nutrition, illness, heredity, improper use of medications, disease, alcohol, or isolation.

This chapter will help the care provider to better understand the mental needs of the elderly.

## ACTIVITY 7-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

functional disorder ______________________________________________

______________________________________________________________

long-term memory ______________________________________________

______________________________________________________________

organic disorder ______________________________________________

______________________________________________________________

reality orientation ______________________________________________

______________________________________________________________

short-term memory ______________________________________________

______________________________________________________________

very long-term memory ___________________________________________

______________________________________________________________

Additional Terms

### ACTIVITY 7-2

DIRECTIONS: List the two kinds of mental disorders often suffered by the elderly person. Write the names of the disorders, descriptions, and treatments in the space provided.

1. Disorder: ______________________________

Description: ______________________________

______________________________

Treatment(s): ______________________________

______________________________

2. Disorder: ______________________________

Description: ______________________________

______________________________

Treatment(s): ______________________________

______________________________

### ACTIVITY 7-3

DIRECTIONS: Identify the appropriate care needed for the mildly confused older person and the very confused older person by completing the chart below. Read the type of care needed. Place an X in the space provided to indicate the type of person needing the care.

| CARE NEEDED | TYPE OF PERSON NEEDING CARE | |
|---|---|---|
| 1. Help person to be independent. | ___ mildly confused | ___ very confused |
| 2. Tell person who they are. | ___ mildly confused | ___ very confused |
| 3. Remind person that they do not have to go to work. | ___ mildly confused | ___ very confused |
| 4. Remind person of a relative that is about to have a birthday or special holiday, etc. | ___ mildly confused | ___ very confused |

| CARE NEEDED | TYPE OF PERSON NEEDING CARE | |
|---|---|---|
| 5. Remind person to take medication at proper time. | ___ mildly confused | ___ very confused |
| 6. Remind person to stick to schedule or routine. | ___ mildly confused | ___ very confused |
| 7. Remind person that he or she is not in the past. | ___ mildly confused | ___ very confused |
| 8. Remind person to follow doctor's orders. | ___ mildly confused | ___ very confused |
| 9. Do not leave the person alone. | ___ mildly confused | ___ very confused |
| 10. Keep a watchful eye on the person. | ___ mildly confused | ___ very confused |

ACTIVITY 7-4

DIRECTIONS: List the factors which may cause an elderly person to experience memory loss or to become confused. Place the appropriate answers on the broken lines. Some of the letters of the words are provided to help in making the list.

1. _ _ a _ _ _ _ _ _ _   _ _ _ r _ _ _ _ _
2. _ _ _ _ _ s _
3. _ _ _ _ d _ _ _
4. D _ _ _ _ _ _
5. _ _ _ _ _ _ l
6. _ _ o _ _ _ _ _ _
7. _ m _ _ _ _ _ _   _ s _   o _   _ _ _ _ _ _ _ _ _ _

ACTIVITY 7-5

DIRECTIONS: Review the types of memory loss the older person may experience due to the lack of oxygen reaching the brain. In the space provided, write the type of memory loss, a brief definition, and give an example of each.

1. TYPE: ______________________________________________

DEFINITION: __________________________________________

______________________________________________________

EXAMPLE: _____________________________________________

______________________________________________________

2. TYPE: ______________________________________________

DEFINITION: __________________________________________

______________________________________________________

EXAMPLE: _____________________________________________

______________________________________________________

3. TYPE: ______________________________________________

DEFINITION: __________________________________________

______________________________________________________

EXAMPLE: _____________________________________________

______________________________________________________

ACTIVITY 7-6

DIRECTIONS: Write a brief description of the common mental changes that may occur among the elderly.

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

ACTIVITY 7-7

DIRECTIONS: Summarize ways to carry out reality orientation by answering the following the exercise. Circle the letter T if the statement is true reality orientation. Circle the letter F if the statement is false.

T F 1. Call the person by name and remind the person of the names of others.

T F 2. Avoid standing or hanging photographs of relatives because it may depress the older person.

T F 3. Keep a large colorful list of daily activities in clear view to keep the confused person on routine.

T F 4. Keep visual reminders of the correct time and date where the person can easily see them.

T F 5. Use short sentences and make directions simple.

T F 6. Place the person's bed or favorite chair near a window when possible so the changes of season and time of day can be seen.

T F 7. Allow the confused person to ramble occasionally if it keeps them happy.

T F 8. Argue about what is real or imagined when a confused person distorts reality to stimulate the person's thinking.

T F 9. Keep the confused person in touch with reality by being consistent, firm, and sincere.

T F 10. Hang a bulletin board for tacking up reminders of the real world.

# 8

# Chapter Eight
# Social Needs Of The Elderly

## COMPETENCIES TO DEVELOP

- Determine how social changes affect the elderly.
- Determine how to meet the social needs of the elderly.
- Analyze ways to help the elderly person adjust to social changes.

## OBJECTIVES TO ACHIEVE

- Summarize the theories associated with the social changes of old age.
- Explain ways in which social changes may affect the elderly.
- Explain the importance of fulfilled social needs among the elderly.
- Identify ways to meet the social needs of the elderly.
- Describe the various types of social roles important to the elderly.
- Identify ways in which the elderly can adjust to social changes by becoming involved.
- Explain how the care provider can help the elderly person adjust to social changes.

As people grow older there is a gradual reduction of their social roles of spouse, parent, grandparent, friend, employee, or churchgoer, and, without them, feelings of alienation or of not belonging may result. The care provider can be of great help by encouraging participation in or even helping provide social activities for the elderly.

This chapter will help the care provider to better understand the social needs of the elderly.

ACTIVITY 8-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

activity theory

disengagement theory

social role

Additional Terms

ACTIVITY 8-2

DIRECTIONS: Summarize the theories associated with the social changes of old age by completing the following exercise. Read each factor. If the factor supports the Activity Theory, place the letter A in the space provided. If the factor supports the Disengagement Theory, place the letter D in the space provided.

____ 1. Older people have an inner desire to maintain the activities that they may be forced to give up.

____ 2. Gradual separation from family, friends, and the community.

____ 3. This theory prepares one for death.

____ 4. Some reduction in activity is expected with age, but maintaining activity is also expected.

____ 5. Parents become less interested in the activities of their offspring.

____ 6. Declines in activity that occur are associated with lower levels of satisfaction, contentment, and happiness.

____ 7. Grown children would no longer need their parents.

____ 8. Society would no longer need the retired worker or a semi-active homemaker.

____ 9. People who age most successfully maintain a high degree of involvement in life.

____ 10. Older persons would become less interested in what occurred in society.

____ 11. When given a choice, the older person wants to be involved in activity.

____ 12. Most older individuals maintain a stable level of activity throughout life.

Which theory does today's philosophy of social changes for the elderly support and why?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

ACTIVITY 8-3

DIRECTIONS: Review the ways in which social changes may affect the elderly by completing the following activity. Read each statement. If the statement is true, circle the letter T to the left of the statement, and if the statement is false, circle the letter F to the left of the statement.

T F 1. Feelings of alienation or of not belonging may result as people grow older.

T F 2. As people grow older there is a gradual reduction in social roles.

T F 3. Elderly people should not be encouraged to participate in social activities.

T F 4. It is better if the elderly person gradually separates from family, friends, and the community in order to prepare for death.

T F 5. Grown children no longer need their parents and the parents no longer need them.

T F 6. If society no longer needed the retired worker, older people would become less interested in what occurred in society.

T F 7. People who maintain a high degree of involvement in life age more successfully.

T F 8. Declines in activity are often the result of lower levels of satisfaction, contentment, and happiness.

T F 9. Most elderly people resist involvement in activity.

T F 10. It is important that the elderly feel as if they belong so that life can be filled with meaning and purpose.

ACTIVITY 8-4

DIRECTIONS: In the space provided, explain the importance of fulfilled social needs among the elderly. Give four examples.

EXAMPLES:

ACTIVITY 8-5

DIRECTIONS: Unscramble the following words to identify ways to meet the social needs of the elderly. Then unscramble the circled letters to complete the sentence which follows.

1. z in t aagi ro nso

_ _ _ _ _ ○ _ _ _ _ _ ○ _

2. unvt er oe l gor rp mas

○ _ _ _ _ _ ○ _ _  _ _ ○ _ _ _ _ _

3. mumc not i y jporcest

_ _ _ ○ _ _ _ _ _  _ _ _ _ ○ _ _ _

4. l eir i guos gn roa zit on ias

_ _ ○ _ _ _ _ _ _  _ _ _ _ ○ _ _ _ _ _ _ _ _

5. l i opi t al c mi et nev vnol

_ _ _ _ ○ _ _ _ _  _ _ ○ _ _ _ _ _ _ _

The elder care provider can often help an elderly person by encouraging _ _ _ _ _ _ _ _ _ _ _ in new activities.

ACTIVITY 8-6

DIRECTIONS: List ten types of social roles that are important to the elderly. In the next column, define or give a brief description of each. Write your answers in the space provided.

| SOCIAL ROLES | DESCRIPTION |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

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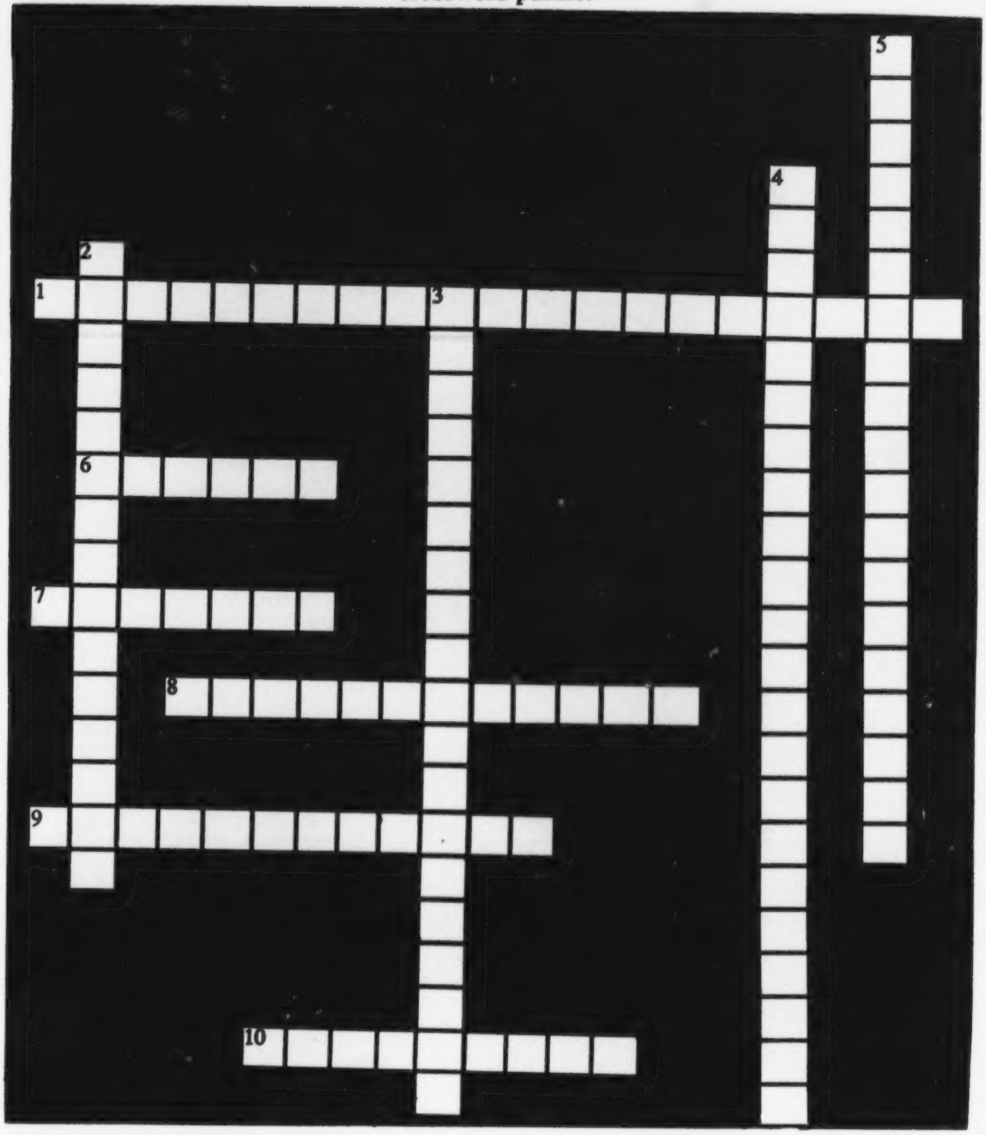
ACTIVITY 8-7

DIRECTIONS: To identify ways in which the elderly can adjust to social changes, complete the following crossword puzzle.



ACROSS

1. Making daily phone calls to other older people who live alone.
6. Making or working on favorite things.
7. Researching and recording town's history in a local paper.
8. Helping to plan or organize a party.
9. Having weekly storytelling hours for neighborhood children.
10. Planting flowers and caring for house plants.

DOWN

2. __________ __________ are ways of helping their communities.
3. Devotion and prayer are a major part of many older people's lives.
4. Helping with parties, plays, and tutoring.
5. Making phone calls to encourage voter registration.

ACTIVITY 8-8

DIRECTIONS: Read each statement relating to how the care provider can help the elderly person adjust to social changes. If the statement is true, circle the letter T to the left of the sentence. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. The care provider can best help an elderly person adjust to changes in social roles by helping them to remain involved.

T F 2. The care provider should encourage involvement in relationships, organizations, and activities.

T F 3. Community service projects are too tedious and time consuming for the elderly person to get involved in.

T F 4. Elderly people should avoid participating in political activities.

T F 5. Bible study, gardening, and reading circles are examples of social groups for the elderly.

T F 6. Devotions and prayers are not very important to most elderly persons.

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T F 7. It is becoming a growing trend to involve elderly persons in local schools.

T F 8. The care provider should not assist the elderly person in writing letters to friends or family because they should be independent.

T F 9. The care provider can help the elderly person keep a birthday file so friends and relatives are not forgotten.

T F 10. The care provider should follow the wishes of the elderly person when organizing and making plans for social functions.

# 9

# Chapter Nine
# Housing Considerations Of The Elderly

### COMPETENCIES TO DEVELOP

- Demonstrate a better understanding of the housing needs of the elderly.
- Compare the various housing alternatives available to the elderly.

### OBJECTIVES TO ACHIEVE

- Explain how housing alternatives available to the elderly affect the duties of the care provider.
- Identify considerations of the elderly when choosing appropriate housing.
- Describe the different housing alternatives available to the elderly.
- Identify the advantages and disadvantages of each of the housing alternatives.
- Give examples of special design features that can be incorporated to aid the elderly in their homes.

Housing alternatives available to the elderly also affect the various duties of the care provider. For example, helping to plan and cook meals will often be necessary in a private home or cooperative; but in a retirement village or nursing home meals are often prepared by the facility or eaten out.

This chapter will give the care provider a better understanding of the housing needs of the elderly.

ACTIVITY 9-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

aspiration ______________________________

condominium ______________________________

cooperative ______________________________

deteriorating ______________________________

Elder Cottage Housing Opportunity (ECHO)______________________________

______________________________

environment ______________________________

equity ______________________________

fixed incomes ______________________________

housing alternatives ______________________________

Housing and Urban Development (HUD) ______________________________

______________________________

mobile home ______________________________

nursing home ______________________________

proximity ______________________________

retirement villages (or communities) ______________________________

______________________________

shared housing ______________________________

thresholds ______________________________

Additional Terms

ACTIVITY 9-2

DIRECTIONS: Write a paragraph(s) explaining how housing alternatives available to the elderly affect the duties of the care provider.

ACTIVITY 9-3

DIRECTIONS: List ten of the considerations of the elderly when choosing appropriate housing. Justify each consideration listed in the space provided.

1. CONSIDERATION: ______________________________________________

______________________________________________

JUSTIFICATION: ______________________________________________

______________________________________________

2. CONSIDERATION: ______________________________________________

______________________________________________

JUSTIFICATION: ______________________________________________

______________________________________________

3. CONSIDERATION: ______________________________________________

______________________________________________

JUSTIFICATION: ______________________________________________

______________________________________________

4. CONSIDERATION: ______________________________________________

______________________________________________

JUSTIFICATION: ______________________________________________

______________________________________________

5. CONSIDERATION: ______________________________________________

______________________________________________

JUSTIFICATION: ______________________________________________

______________________________________________

6. CONSIDERATION: ______________________________________________

______________________________________________________________

JUSTIFICATION: ________________________________________________

______________________________________________________________

7. CONSIDERATION: ______________________________________________

______________________________________________________________

JUSTIFICATION: ________________________________________________

______________________________________________________________

8. CONSIDERATION: ______________________________________________

______________________________________________________________

JUSTIFICATION: ________________________________________________

______________________________________________________________

9. CONSIDERATION: ______________________________________________

______________________________________________________________

JUSTIFICATION: ________________________________________________

______________________________________________________________

10. CONSIDERATION: _____________________________________________

______________________________________________________________

JUSTIFICATION: ________________________________________________

______________________________________________________________

ACTIVITY 9-4

DIRECTIONS: Review the different housing alternatives available to the elderly by completing the following activity. For each item below, place the letter of the best answer in the blank to the left of the item.

____ 1. A ______________ offers a wide range of housing options to the elderly.

A. cooperative
B. retirement village
C. condominium
D. mobile home

____ 2. ______________ give protective, personal, and custodial care to the elderly.

A. condominiums
B. mobile homes
C. retirement villages
D. nursing homes

____ 3. In ______________, an apartment or unit is purchased within a framework of a high-rise apartment building or complex of buildings.

A. cooperatives
B. nursing homes
C. condominium
D. mobile homes

____ 4. ______________ provide (s) housing for more than one elderly person at a monthly rate.

A. shared housing
B. ECHO housing
C. low-income housing
D. cooperatives

____ 5. ______________ are an option for older people who are willing to work with other owners and want to build up equity in living accommodations.

A. mobile homes
B. nursing homes
C. condominiums
D. cooperatives

____ 6. ______________ is/are federally sponsored, age-segregated public housing units.

A. ECHO housing
B. nursing homes
C. low-income housing
D. cooperatives

____7. Everything has been included in the purchase price (the home, its furnishings, etc.) in the type of housing known as ______________.

A. condominiums
B. mobile homes
C. shared housing
D. retirement villages

____8. _______________ is a housing arrangement that offers older persons an opportunity to live within close proximity to individuals who can help them maintain independence and privacy.

A. ECHO housing
B. shared housing
C. low-income housing
D. retirement village

## ACTIVITY 9-5

DIRECTIONS: Identify an advantage and a disadvantage for each type of housing available for the elderly. Write the answers in the appropriate column on the chart.

| HOUSING | ADVANTAGE | DISADVANTAGE |
|---|---|---|
| 1. Retirement village | | |
| 2. Condominium | | |
| 3. Cooperative | | |
| 4. Shared housing | | |
| 5. Mobile homes | | |
| 6. Low-income housing | | |
| 7. ECHO housing | | |
| 8. Nursing homes | | |
| 9. Living with relatives | | |

## ACTIVITY 9-6

DIRECTIONS: Review the special design features that can be incorporated to aid the elderly in their homes. Read each statement and select the most appropriate answer from those listed below.

balconies
colors and textures
commodes
doors and passageways
electrical outlets
garden plots
glare
glass
grab bars
lighting
nonslip
porches
shelves
showers
single story or ground floor
sliding doors and lever handles
washable
windows

1. Strong contrasting _______________ and _______________ could help those with vision problems.

2. _______________ should be eliminated because it has an adverse effect on the vision of the aged.

3. Artificial _______________ should be increased for elderly people as much as possible.

4. Larger amounts of _______________ and more _______________ are beneficial to older eyes.

5. It is easier for older people who have arthritis to use _______________ and _______________.

6. _______________ floor finishes are best for safety purposes.

7. _______________ and _______________ should be wide enough to accommodate a wheelchair.

8. _______________ or _______________ residences are best for persons with limited mobility.

9. _______________, _______________, or _______________ are important for potted plants and recreational features.

10. _______________ should be slightly higher than normal.

11. _______________ are generally preferable to bathtubs from a standpoint of safety.

12. Bathrooms need to be equipped with _______________ for safety.

13. _______________ surfaces are conductive to easy maintenance.

14. _______________ should be at table level to prevent bending over.

15. _______________ should be no lower than 18 inches above the floor and no higher than 63 inches.

# 10

# Chapter Ten
# Transportation

**COMPETENCY TO DEVELOP**

- Determine the care provider's role in helping the elderly with transportation needs.

**OBJECTIVES TO ACHIEVE**

- Point out why transportation is often a problem with the elderly.
- Explain legal responsibilities when driving.
- Point out the different types of public transportation.

As the elderly grow older, transportation may become more of a problem. Besides chauffeuring the elderly, the care provider should be able to suggest public transportation and other transportation services available to the elderly.

This chapter will focus on the care provider's role and responsibilities in helping the elderly with transportation needs.

ACTIVITY 10-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

liable ________________________________________

________________________________________

Additional Terms

ACTIVITY 10-2

DIRECTIONS: Write a paragraph(s) explaining why transportation is often a problem for the elderly. Give three examples of situations which support your answer.

ACTIVITY 10-3

DIRECTIONS: Explain the legal responsibilities of concern to the care provider by reading the situations and answering the questions in the space provided.

SITUATION A: If the care provider-chauffeuring or driving his or her own personal vehicle-has an accident, who is held liable for any damages?

SITUATION B: If the care provider is driving the elderly person's automobile and has an accident, who is held liable for any damages?

ACTIVITY 10-4

DIRECTIONS: Point out the different types of transportation available to the elderly by completing the matching exercise. Match the type of transportation to the appropriate service offered. Place the letter of the type of transportation in the blank to the left of each service. Some of the services may have more than one answer.

SERVICE OFFERED

____ 1. Mode of travel used when taking advantage of discount rates offered by state and national parks.

____ 2. Most common type of public transportation

____ 3. Offers sight-seeing tours at discount rates

____ 4. A telephone call in advance brings transportation to the door and the cost is minimal

____ 5. Operates on a fixed route and schedule

____ 6. Transportation services offered through local governments, churches, and other groups

____ 7. Offers reduced-fare charter flights and package tours for domestic and foreign travel

TYPE OF TRANSPORTATION

A. Bus

B. Camper

C. City bus

D. Cruise ship

E. Dial-a-bus

F. Dial-a-cab

G. Health cab

H. Invalid Coach

I. Medicab

J. Plane

K. Taxi

L. Travel trailer

# 11

# Chapter Eleven
# The Elderly In The Marketplace

### COMPETENCY TO DEVELOP

- Determine the care provider's role in helping elderly persons increase their awareness of the ever-changing marketplace.

### OBJECTIVES TO ACHIEVE

- Identify guidelines for helping the elderly purchase clothing.
- Identify guidelines for helping the elderly purchase food.
- Point out the parts of a nutritional label.
- Demonstrate how to calculate the unit price of a product.
- Identify guidelines for helping the elderly purchase personal and household items.
- Point out ways the care provider can assist the elderly with personal affairs.

Today's marketplace offers an increasingly large and more complex number of alternatives than earlier generations. Therefore, the elderly are particularly susceptible to the pressures of the marketplace.

This chapter will focus on the care provider's role in assisting the elderly in the marketplace.

## ACTIVITY 11-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

automatic dialing feature

expiration date

freshness date

interstate

nutritional labeling

open dating

packing date

pull date

raincheck

unit pricing

Universal Product Code

Additional Terms

ACTIVITY 11-2

DIRECTIONS: Identify the guidelines for helping the elderly purchase clothing by completing the following activity. Circle the letter T if the statement is true. Circle the letter F if the statement if false.

T F 1. When assisting the elderly with clothing purchases, the care provider should follow the guidelines of selecting simple, classic styles which usually have a longer fashion life and which are better bargains.

T F 2. A good guideline to keep in mind when shopping with an elderly person is that expensive clothes last longer.

T F 3. High-fashion discount stores are good places for the elderly to shop.

T F 4. The elderly should not consider clothing seconds which often have minor defects and are reduced in price.

T F 5. Considering garage sales to find clothes for daily wear is a guideline for those who are extremely poor.

T F 6. One guideline to keep in mind is to buy clothing during the respective bargain seasons.

ACTIVITY 11-3

DIRECTIONS: To review guidelines for helping the elderly purchase food, fill in each blank with the word that best completes the sentence.

list
items
coupons
purchases
crowded
time
brands
pound
serving
used
sizes
raincheck
15%
money

1. Shop once a week from a _______________. Don't pick up extra _______________.

2. Shop for sale items and use _______________.

3. Stock up on a good bargain if _______________ is available and the item will be _____________.

4. Compare meat prices by comparing cost per _______________ instead of cost per _______.

5. Compare prices on different _______________ and _______________.

6. Private or store brands can be as much as _______________ cheaper.

7. Try to allow adequate _______________ for shopping so decisions do not have to be hurried.

8. Try to shop at less _______________ crowded times.

9. Watch as the clerk rings up _______________.

10. Ask for a _______________ if a store is out of an advertised special so the product can be purchased at the same price when it is restocked.

ACTIVITY 11-4

DIRECTIONS: Review the parts of a nutritional label by answering the following questions. Write the answers in the space provided.

1. What is the serving size for this label?

2. How many calories are in each serving?
With 1/2 cup skim milk _____
Without skim milk _____

3. How many servings are in the package?

4. What is the number of grams of protein in one serving?
With skim milk _____
Without skim milk _____

5. Does this product contain any fat?

6. How many carbohydrates does this product contain ?
With skim milk _____
Without skim milk _____

7. What amount of sodium does the product contain with skim milk? _____

8. What are the percentages of the U.S. Recommended Daily Allowances of these vitamins and minerals without skim milk?
Vitamin A
Vitamin C
Zinc
Copper
Iron
Riboflavin
Vitamin D-3
Vitamin B-12

9. Does this product contain BHT?
If so, why?

10. Is nutritional labeling mandatory?

NUTRITION INFORMATION
PER SERVING

SERVING SIZE: 1 oz cereal
SERVINGS PER CONTAINER: 15 1/2

| | 1 oz. | With 1/2 cup skim milk |
|---|---|---|
| Calories | 100 | 140 |
| Protein (g) | 2 | 6 |
| Carbohydrates (g) | 23 | 29 |
| Fat (g) | 0 | 0 |
| Cholesterol (mg) | 0 | 0 |
| Sodium (mg) | 15 | 75 |

PERCENTAGES OF US RECOMMENDED
DAILY ALLOWANCES (US RDA)

| | 1 oz. | With 1/2 cup skim milk |
|---|---|---|
| Protein | 4 | 15 |
| Vitamin A | 15 | 20 |
| Vitamin C | * | * |
| Thiamine | 25 | 30 |
| Riboflavin | 25 | 35 |
| Niacin | 25 | 25 |
| Calcium | * | 5 |
| Iron | 10 | 10 |
| Vitamin $D_3$ | 10 | 25 |
| Vitamin $B_6$ | 25 | 25 |
| Folic Acid | 25 | 25 |
| Vitamin $B_{12}$ | 25 | 30 |
| Phosphorus | 6 | 15 |
| Magnesium | 6 | 10 |
| Zinc | 10 | 15 |
| Copper | 6 | 8 |

*Contains less than 2% of the US RDA of these nutrients.

**Ingredients: Whole wheat, brown sugar, apples preserved with sulfur dioxide, apple juice, sugar, corn syrup, glycerine, high fructose corn syrup, modified food starch, cellulose gel and gum, malic acid (for tartness), cinnamon, niacinamide, zinc oxide, reduced iron, Vitamin A palmitate, pyridoxine hydrochloride, riboflavin, thiamine mononitrate, folic acid, Vitamin $D_3$, and Vitamin B-12. BHT is added to the packaging material to protect freshness.**

CARBOHYDRATE INFORMATION
FRUIT WHEATS

| | 1 oz. | With 1/2 cup skim milk |
|---|---|---|
| Starch & related carbohydrates | 15 g | 15 g |
| Sucrose & other sugars | 5 g | 11 g |
| Dietary fiber | 3 g | 3 g |
| Total carbohydrates | 23 g | 29 g |

ACTIVITY 11-5

DIRECTIONS: Review the steps in calculating the unit price of a product by working the problem below. Then explain which one of the two sizes is the better buy.

A. Calculate the unit price of 1 gallon of milk:

Product: milk

Size: 1 quart —— $0.99

1 gallon——$2.09

B. Explain which of the two sizes is the better buy. Give support for your answer.

ACTIVITY 11-6

DIRECTIONS: Assume you are working as a care provider in assistance services for the elderly. Circle the word Yes if the statement is a guideline that you would suggest for the elderly to use when purchasing personal and household items. Circle the word No if you would not use the guideline.

YES NO 1. Use comparison shopping to compare price, quality, and design as well as different types of stores.

YES NO 2. When comparison shopping, keep in mind that price alone does not indicate quality.

YES NO 3. Check drug and discount stores for some personal items because they are generally less expensive.

YES NO 4. It is wise to shop during the off-seasons for sales and less crowded shopping areas.

YES NO 5. Bargain whenever possible for a lower price.

YES NO 6. Substituting a less expensive item is not wise because the quality is usually extremely poor.

YES NO 7. Keep in mind that places such as factory outlets, discount stores, and garage sales often have good bargains.

YES NO 8. Carefully evaluate what the sales person has to say.

YES NO 9. Shopping by mail is not a wise choice for the elderly.

YES NO 10. Using the telephone to comparison shop will save time and money.

ACTIVITY 11-7

DIRECTIONS: Write a paragraph describing the various ways the care provider can assist the elderly with personal affairs.

# 12

# Chapter Twelve
# Frauds, Gyps, And Deceptions

## COMPETENCY TO DEVELOP

- Determine the care provider's role in helping the elderly avoid fraudulent and deceptive practices.

## OBJECTIVES TO ACHIEVE

- Point out reasons why the elderly often fall for fraudulent and deceptive practices.
- Identify types of fraudulent and deceptive practices.
- Identify ways to spot fraudulent and deceptive practices.
- Explain how the elderly care provider can help protect the elderly from fraudulent and deceptive practices.
- List sources where the elderly can obtain protection and assistance.

Many elderly people are prime targets for fraudulent and deceptive practices because of their aches and pains, gratitude for attention, need for extra income, and their vanishing hopes for a retirement home in the lands of warmth and sun.

The following activities deal with the care provider's role in helping the elderly avoid fraudulent and deceptive practices.

ACTIVITY 12-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

bait and switch

"bank examiner" scheme

Better Business Bureau

bunco

burial scheme

deceptions

fraud

health quacks

"pigeon drop"

pressure sell

Additional Terms

ACTIVITY 12-2

DIRECTIONS: List the four main reasons the elderly often fall for false advertising and slick salesmanship. Write a paragraph(s) in the space provided giving your ideas on how you, as a care provider, can help to improve the conditions which result in the reasons given for making the elderly person a prime target for fraudulent and deceptive practices.

REASONS:

1. ____________________

2. ____________________

3. ____________________

4. ____________________

PARAGRAPH ____________________

ACTIVITY 12-3

DIRECTIONS: Review the types of fraudulent or deceptive practices often targeted toward the elderly by completing the matching exercise. Match the fraudulent or deceptive practice to the most appropriate factor. Place the letter of the practice in the blank to the left of each factor.

FACTOR

____ 1. Advertising one price to get customer in the store, then customer is steered to a higher priced product

____ 2. Ads or salespersons who claim to have a cure for every symptom, ache, or illness

____ 3. Persons who practice a swindling game or scheme intended to part the elderly from their money

____ 4. Scheme where home is selected as a model, product is sold in home where a commission is promised, commission is never seen

____ 5. Salesperson pushes to relieve person of the difficult decision of a cemetery lot when business judgement is bad

____ 6. An attractive area for deception since consumers cannot see the product or seller advertised in magazines or catalogs

____ 7. Pretending to be a part of an organization concerned with providing assistance for others

____ 8. A rush technique plus anxiety offering an unusually good deal

____ 9. Advertisement of a retirement home by mail-order developer

____ 10. A false advertisement promising excellent profits for easy spare-time work

FRAUDULENT OR DECEPTIVE PRACTICE

A. Bait and switch

B. Bunco artist

C. Burial scheme

D. Charity solicitations

E. Extra income scheme

F. Health quacks

G. Home improvement racket

H. Land scheme

I. Mail-order fraud

J. Pressure sell

ACTIVITY 12-4

DIRECTIONS: Read the statements regarding fraudulent and deceptive practices and fill in the blanks with the word that best completes the sentence.

cure
something
case histories
lawyer
nothing
testimonials
savings
real estate agent

1. The guarantee of a quick ______________ is one possible clue of a fraudulent practice.

2. The guarantee of ______________ for ______________ is usually too good to be true.

3. ______________ ______________ and ______________ are often used to deceive elderly persons.

4. Individuals, especially older citizens, should be aware of schemes that require them to withdraw large amounts of their ______________

5. Before buying land, especially a retirement home in some advertised areas, an elderly person should be persuaded to consult a ______________ or ______________ ______________ ______________.

ACTIVITY 12-5

DIRECTIONS: Read the case studies below and answer the questions following.

**Case Study #1**

Mrs. Juan is led to believe that a large sum of money has been found and that it could be divided between Mrs. Juan, the lady who claims to have found the money, and the lady's friend. Mrs. Juan has been told that each person must show good faith by withdrawing their savings from the bank. How might the care provider help to protect Mrs. Juan from this scheme?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

## Case Study #2

Mr. Bell received a visit from a bank examiner who was checking up on a dishonest employee. The bank examiner had a bunch of important looking papers and deposit slips from the bank where Mr. Bell banks. Mr. Bell is asked to help catch the employee in the act by withdrawing his savings from the bank so that the bank examiner can see what the employee does. The bank examiner will give Mr. Bell a receipt upon receiving the money. What advice might be given to Mr. Bell for his own protection?

## Case Study #3

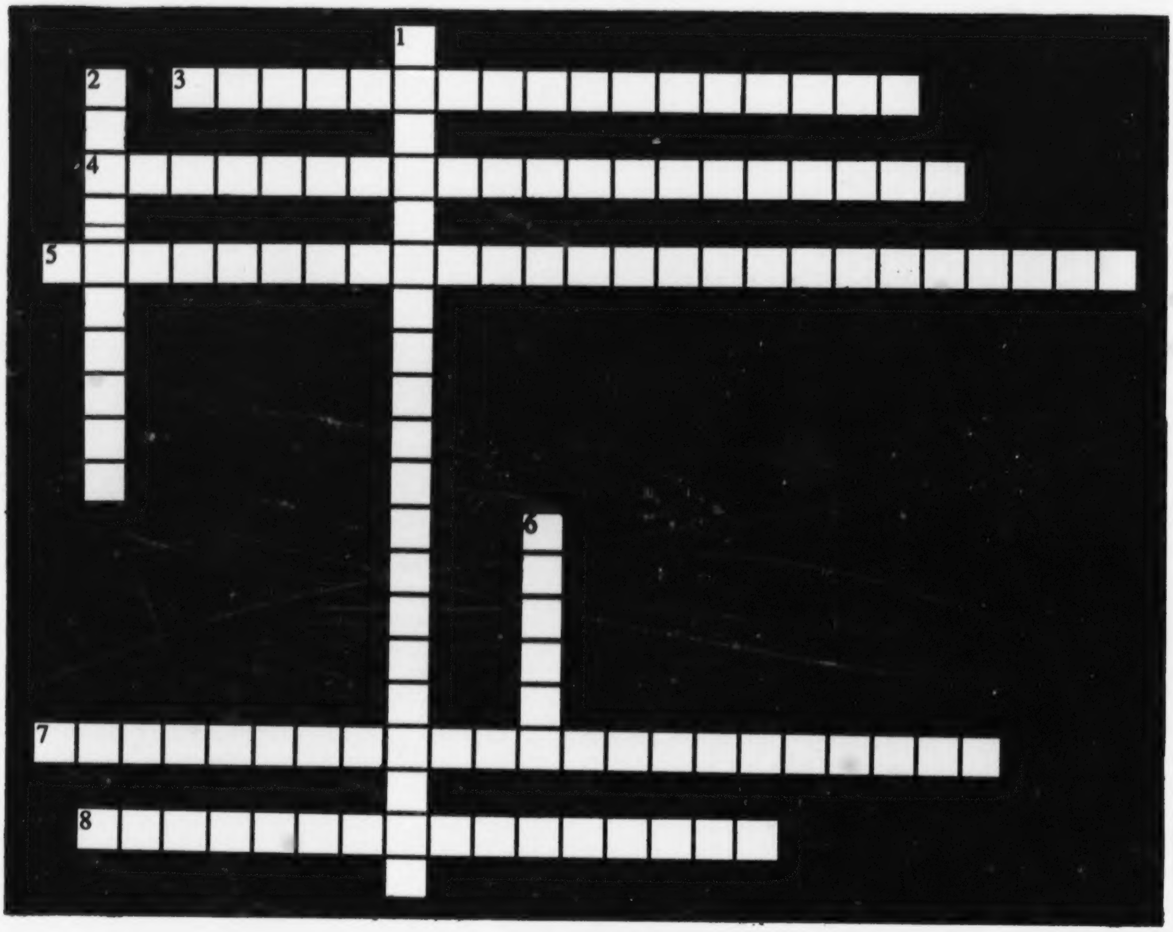
Miss Carrie went shopping at a local department store because of a sales ad she saw in the newspaper. After she arrived at the store, she was told that the sales item had been sold out; but that they had another similar brand, but it was more expensive. How might the care provider help Miss Carrie in this situation?

## Case Study #4

Mr. Escue read an advertisement in a magazine about a piece of land that was located in an area where he and his wife had always dreamed of retiring. The price for the water-front property is almost too good to be true. How might the care provider advise Mr. Escue?

ACTIVITY 12-6

DIRECTIONS: Complete the crossword puzzle to identify the sources where the elderly can obtain protection and assistance.



ACROSS

3. This source might have lists of frauds from the Better Business Bureau.
4. This source deals with products and services made, sold, or advertised within the state.
5. This source would help with any fraud dealing with food, drugs, medical devices, or cosmetics.
7. This source would deal strictly with frauds sold or advertised across state lines.
8. This source deals with dispute settlements of minor matter and at little cost.

DOWN

1. This source could help with almost any product or money fraud.
2. Any fraud involved with mail should be reported to this source.
6. This is who one should contact if any criminals or con men are in the area.

# 13

# Chapter Thirteen Clothing Needs

### COMPETENCIES TO DEVELOP

- Analyze the clothing needs of the elderly.
- Determine the clothing maintenance needs of the elderly.

### OBJECTIVES TO ACHIEVE

- Identify the clothing needs of the elderly.
- Describe how the elder care provider can help select and coordinate clothing from the wardrobe for the elderly person.
- Give examples of desirable clothing features to look for when selecting clothing for the elderly.
- Identify the basic steps to good laundering and clothing maintenance.

Clothing needs at every age can be classified as physiological, sociological, and psychological. However, individuals have different needs in clothing at different stages in life.

This unit will give the care provider a better understanding of the clothing needs of the elderly, as well as guidelines for clothing maintenance needs of the elderly.

ACTIVITY 13-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

accessories ____________________________________________

________________________________________________________

care label ____________________________________________

________________________________________________________

mix and match ____________________________________________

________________________________________________________

physiological needs ____________________________________________

________________________________________________________

psychological needs ____________________________________________

________________________________________________________

pretreat ____________________________________________

________________________________________________________

sociological needs ____________________________________________

________________________________________________________

Additional Terms

ACTIVITY 13-2

DIRECTIONS: Analyze the clothing needs of the elderly by completing the chart. Compare and contrast each of the clothing needs of the elderly with each of the clothing needs of a high school teen. HINT: clothing needs: physiological, sociological, and psychological. Write the information in the space provided on the chart.

| CLOTHING NEEDS | ELDERLY PERSON | TEEN |
|---|---|---|
| | | |

ACTIVITY 13-3

DIRECTIONS: Read the following statements regarding how the elder care provider can select and coordinate clothing for the elderly person. If the statement is true, circle the letter T to the left of the statement. If the statement if false, circle the letter F.

T F 1. The elder care provider should always select elderly person's clothing.

T F 2. If the elderly person is allowed to select his or her own clothing, it gives the person a sense of identity and independence.

T F 3. Some older persons are color blind which makes it difficult to mix and match colors that achieve an attractive color scheme.

T F 4. The weather should be the first consideration when the elderly describe what they want to wear each day.

T F 5. The care provider should be aware of the elderly person's needs and activities each day before making any suggestions for their clothing needs.

T F 6. The care provider can assist the elderly person in extending a small or limited wardrobe by the smart use of accessories.

T F 7. The color a person wears is very powerful and can affect one's mood, feelings, and looks.

T F 8. If a person wears the color black, the feelings that are being projected are those of being cool and calm.

T F 9. Color can also draw attention to or away from a particular part of the body and make the part of the body appear larger or smaller.

T F 10. Red is considered a vibrant color and can make one feel full of energy.

ACTIVITY 13-4

DIRECTIONS: Complete the following statements related to the features to look for when selecting clothing for the elderly by supplying the missing letters in the blanks provided. Some of the letters of the words have been filled in.

1. When assisting the elderly person with shopping for clothing, the care provider needs to look for _ _ s _ _ a _ _ e clothing features.

2. There are several features that the care provider should be aware of when assisting the elderly person with clothing selection; one example would include the type of _ a _ _ i _.

3. The care provider should also be aware of the elderly person's _ _ r _ r _ _ _ including the _ o _ _ _ s and the _ _ c _ _ s _ _ i _ _.

4. The fabric best suited for an elderly person should be able to withstand _ t _ _ i _ _ and a _ _ _ s _ _ _ but must also be _ _ _ f _ _ _ a _ _ _ .

5. Another feature the care provider should keep in mind is the type of _ _ s _ _ _ c _ _ found on ready-made clothing.

6. The _ _ p _, _ _ _ a _ _ o _, and s _ _ _ of fasteners will determine how easily clothing can be put on and taken off.

7. The _ _ r _ e _ the fastener, the _ a _ i _ _ it is to _ _ n _ _ e.

8. _ e _ _ r _ is a good fastener for the elderly because it is easy to manage.

9. Other types of fasteners that can be easily managed by the elderly are _ i _ _ e _ _ , _ _ g _ _ _ _ _ _ fasteners,and _ _ _ p - _ _ shoes rather than _ _ c _ - _ _ s.

10. _ e _ _ _ n is the third feature to consider when selecting clothing for the elderly.

11. The design of a garment can make dressing and undressing either _ _ s _ _ _ or more d _ _ _ _ _ u _ _ for the elderly person.

12. Another feature the care provider should be aware of is the _ o _ _ _ r _ of clothing.

13. _ a _ _ t _ and _ _ s _ are also two features to consider when assisting the elderly with clothing selections.

14. Many accidents are caused by loose fitting _ l _ _ h _ _ _ .

15. Due to the rising costs of clothing, it is important to assist the elderly in purchasing _ _ r _ _ l _, _ e _ _ - _ _ d _ clothing.

ACTIVITY 13-5

DIRECTIONS: Read the list of basic steps to good laundering. Arrange the steps in order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step, and so on on up to number 7 - the seventh step. Not all blanks will have a number.

____ 1. Wash all clothes in hot water.

____ 2. Sort clothes.

____ 3. Select appropriate washing temperatures.

____ 4. Never iron cotton fabric.

____ 5. Wash all types of clothes together.

____ 6. Read care label.

____ 7. Select laundry products.

____ 8. All clothes must be pressed.

____ 9. Wash clothes.

____ 10. Use only liquid detergents.

____ 11. Mend clothes.

____ 12. Dry clean all clothes.

____ 13. Pretreat stains.

Write a paragraph describing how the care provider can assist the elderly person with clothing maintenance and prolong the life of clothing.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

# 14

# Chapter Fourteen
# Nutrition for the Elderly

### COMPETENCY TO DEVELOP

- Describe the importance of nutrition for the elderly.

### OBJECTIVES TO ACHIEVE

- Identify the daily food requirements for the elderly.
- Describe the different factors that influence the food intake of the elderly.
- Identify common dietary deficiencies and diseases associated with the elderly.

Nutrition may be more important in the later stages of life than any other stage due to the aging body systems, chronic disorders, and increased use of medication. The nutrient levels for the elderly remain the same as for other adults; however, their caloric requirements are lessened due to decreased physical activity.

This chapter will help the care provider to understand the importance of nutrition for the elderly.

ACTIVITY 14-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

ascorbic acid ____________________

____________________

food groups ____________________

____________________

nutrient dense ____________________

____________________

osteoporosis ____________________

____________________

rickets ____________________

____________________

sensory variety ____________________

____________________

Additional Terms

## ACTIVITY 14-2

DIRECTIONS: Read the following statements about the food requirements for the elderly. If the statement is true, circle the letter T to the left of the statement. If a statement is false, circle the letter F.

T F 1. An elderly person's energy or calorie requirements are lessened due to a decreased amount of physical activity.

T F 2. An elderly person should consume fewer calories, yet eat food high in nutritive value.

T F 3. The recommended amount of milk-made foods for an elderly person is four or more eight-ounce servings daily.

T F 4. An elderly person should have two or more servings from the meat and legumes group daily.

T F 5. The recommended amount of protein for persons 60 years of age or older is 24 to 36 grams daily.

T F 6. Four or more servings daily from the fruit and vegetable group are recommended for the elderly.

T F 7. The elderly should eat at least one good source of both vitamin C and A daily.

T F 8. An example of one complete serving for the elderly from the fruit and vegetable group is one-half of a medium cantaloupe.

T F 9. The daily recommended amount for the elderly is three servings from the bread and cereal group.

T F 10. An elderly person's daily recommended amount from the fats, sweets, and alcohol group is unlimited.

T F 11. Sight, smell , taste, touch, and hearing should be considered in using the Basic Food Groups to plan meals.

T F 12. For an elderly person, it is best to serve food with the same temperatures.

T F 13. An elderly person's food should all be mild and the texture should be soft.

T F 14. The shape, size, and color of food is not important to an elderly person.

ACTIVITY 14-3

DIRECTIONS: Write a paragraph describing the different factors that influence the food intake of the elderly.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ACTIVITY 14-4

DIRECTIONS: Unscramble the following words to complete the statements related to dietary deficiencies and diseases. Write the unscrambled word in the space provided. Then unscramble the circled letters to complete the summary sentence that follows.

| | |
|---|---|
| ethalh | 1. An estimated 1/3 to 1/2 of the elderly's ______ problems are nutrition related. |
| iutzalinoit | 2. Most elderly experience dietary deficiencies related to low __________○ of iron, vitamins A and C, and calcium. |
| persairytor | 3. Vitamin A helps fight ○__________ infections and to ward off night blindness. |
| fientcnoi | 4. Vitamin C helps to resist ______○__ and disease and increases the speed of healing wounds. |
| licacmu | 5. Older bones are more brittle and _____○_ helps to strengthen them. |
| tsepoooorssi | 6. ______○_____ and rickets are two deficiencies associated with low levels of calcium. |
| fsfuicineit n | 7. Behavioral and psychological problems may occur if the diet is constantly _○_________○ |
| sbeoyti | 8. Some elderly people have problems with _____○_. |
| ruelifa | 9. Another problem some elderly are faced with is __○____ to eat. |

Summary Sentence: Good _________aids in preventing dietary deficiencies and diseases.

# 15

# Chapter Fifteen
# Menus and Diets for the Elderly

### COMPETENCY TO DEVELOP

- Plan meals which meet the needs of the elderly.

### OBJECTIVES TO ACHIEVE

- Point out factors to consider in planning meals for the elderly.
- Explain the use of cycle menus.
- Demonstrate an ability to use the menu planning form.
- Describe regular diets.
- Describe the most commonly used modified and therapeutic diets.
- Relate food preparation and service techniques to retention of nutrients.

A care provider working in assistance services for the elderly may be involved in assisting with serving, planning, or preparing meals; as well as shopping for groceries, cleaning up after meals, and feeding an elderly person. Therefore, it is important that the care provider understand the importance of food needs of the elderly including menus and diets.

This chapter will aid the care provider in planning meals which meet the needs of the elderly.

ACTIVITY 15-1

**DIRECTIONS:** Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

bland diet ____________________

calorie-restricted diet ____________________

clear liquid diet ____________________

controlled-calorie diet ____________________

cycle menus____________________

diabetic diet ____________________

exchange list ____________________

fat-restricted diet ____________________

full-liquid diet ____________________

liquid diet ____________________

menu planning ____________________

sodium-restricted diet ____________________

soft diet ____________________

therapeutic diet ____________________

Additional Terms

ACTIVITY 15-2

DIRECTIONS: Read the letter sent to "Dear Dietician." Pretend that you are the dietician and write "Preplanning in the Panhandle" an answer to the problem.

## THE DAILY NEWS

### DEAR DIETICIAN...

Dear Dietician,

My mother is 86 years old and is going to be living with my husband and me. I am wondering what factors I should consider in planning meals for an elderly person. I will be waiting for your suggestions.

Sincerely,

Preplanning
in the Panhandle

Dear Preplanning in the Panhandle,

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

Sincerely,

Dietician

ACTIVITY 15-3

DIRECTIONS: To gain a better understanding of cycle menus, answer the following statements by circling the letter T if the statement is true. Circle the letter F if the statement is false. If the statement is false, rewrite the statement in the space provided making it true.

T F 1. Cycle menus are carefully planned menus that often cover a period of 8 to 12 weeks.

______________________________________________

______________________________________________

T F 2. Once the cycle period has been completed, another cycle period must be developed for the next four weeks.

T F 3. Since cycle menus can be repeated, it is wise to develop one for winter, spring, summer, and fall because different foods are available in each season.

T F 4. Cycle menus put an end to daily menu planning that takes so much time.

T F 5. As the menus are used, a record should be kept of how well they are liked.

T F 6. The first step in developing cycle menus is to decide on what types of food will be used.

T F 7. Cycle menus that are too long mean that menus are repeated too often and become monotonous.

T F 8. Cycle menus are developed and used for people on regular diets only.

T F 9. It is important that the care provider understand how a cycle menu operates, as well as why it is used.

## ACTIVITY 15-4

DIRECTIONS: Develop a regular diet menu for Thanksgiving Day using the menu planning form.

### MENU PLANNING FORM

| Day of the Week | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| BREAKFAST<br>Fruit or juice<br>Cereal and/or eggs<br>Toast or other bread<br>Beverage | | | | | | | |
| DINNER OR MAIN MEAL<br>Meat, any type<br>Potato or substitute<br>Vegetable<br>Salad or relishes<br>Bread<br>Dessert or fruit<br>Milk or other beverage | | | | | | | |
| LUNCH OR SUPPER<br>Soup or juice<br>Main dish-eggs, cheese, fish, etc.<br>Vegetable (raw or cooked)<br>Bread<br>Dessert or fruit<br>Milk or other beverage | | | | | | | |

ACTIVITY 15-5

DIRECTIONS: Write a paragraph(s) describing a regular diet. Include an example of a day's regular diet in the paragraph(s).

ACTIVITY 15-6

DIRECTIONS: The following activity will help the care provider describe the most commonly used modified and therapeutic diets. Place the letter of the diet most appropriate for the health problem in the blank to the left of the health problem.

____ 1. A person who needs to lose weight.
A. Fat-restricted diet
B. Controlled-calorie diet
C. Liquid diet
D. Calorie-restricted diet

____ 2. A person who is having a hard time chewing or shallowing.
A. Soft diet
B. Sodium-restricted diet
C. Liquid diet
D. Bland diet

____ 3. A person who has heart problems or toxemia.
A. Fat-restricted diet
B. Diabetic diet
C. Bland diet
D. Sodium-restricted diet

____ 4. A person with internal problems or following a full-liquid diet.
A. Bland diet
B. Soft diet
C. Fat-restricted diet
D. Liquid diet

____ 5. A person who is trying to maintain his or her weight.
A. Calorie-restricted diet
B. Fat-restricted diet
C. Controlled-calorie
D. Diabetic diet

____ 6. A person who is too weak to chew.
A. Liquid diet
B. Soft diet
C. Sodium-restricted diet
D. Bland diet

____ 7. A person that must have the exact amounts of protein, fat, and carbohydrates.
A. Calorie-restricted diet
B. Controlled-calorie diet
C. Fat-restricted diet
D. Diabetic diet

____ 8. A person with liver or gall bladder problems.
A. Fat-restricted diet
B. Sodium-restricted diet
C. Clear liquid diet
D. Soft diet

____ 9. The modified and therapeutic diet which supplies very few nutrients but does give the body necessary fluids.
A. Calorie-controlled diet
B. Bland diet
C. Clear liquid diet
D. Full liquid diet

____ 10. The properly prepared modified and therapeutic diet which meets all of the nutritional needs of a person whose health is improving.
A. Sodium-restricted diet
B. Full liquid diet
C. Calorie-restricted diet
D. Controlled-calorie diet

ACTIVITY 15-7

DIRECTIONS: To relate food preparation and service techniques to retention of nutrients complete the following chart. Write the method of preparation in the space provided.

| Nutrient | Method of Preparation |
|---|---|
| Water-soluble Vitamins | |
| Fat | |
| Carbohydrates | |
| Fat-soluble Vitamins | |
| Protein | |
| Minerals | |

# 16

# Chapter Sixteen

# Mealtimes for the Elderly

**COMPETENCY TO DEVELOP**

- Analyze ways to help the elderly person enjoy mealtimes.

**OBJECTIVES TO ACHIEVE**

- Demonstrate an ability to assist with dining room service.
- Demonstrate an ability to assist with tray service in the person's room.
- Demonstrate an ability to present the tray.
- Demonstrate an ability to remove the tray.
- Demonstrate the techniques for serving extra nourishment.
- Identify the steps to use when assisting in feeding the elderly.
- Describe eating aids which are available to the elderly.

For the elderly, mealtime is both a time to eat and a time to socialize. It is a time that most of the elderly look forward to whether they are eating their meals in their rooms, in the dining room, or a favorite place in their home.

There are situations, however, in which a care provider will need to assist an elderly person at mealtime. It is important that the care provider be aware of the person's limitations and help when needed, but it is also important that the care provider encourage the person to do as much as possible for himself or herself.

This chapter will help the care provider to analyze ways to help the elderly person enjoy mealtimes.

ACTIVITY 16-1

**DIRECTIONS:** Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

nourishment ______________________________________________

__________________________________________________________

self-help aids ____________________________________________

__________________________________________________________

signal cord ______________________________________________

__________________________________________________________

Additional Terms

ACTIVITY 16-2

DIRECTIONS: Demonstrate an ability to assist with dining room service by completing this exercise. Read each of the situations and propose an effective way to deal with the situation. Write the solution to the situation in the space provided.

1. An elderly gentlemen is able to walk to the dining room, but needs some support to be safe. What can the care provider do to help?

2. An elderly woman accidentally dropped food in her lap. Her dress is stained because she had no napkin to place in her lap. How might the care provider have prevented this from happening?

3. If an elderly person is about to stumble or fall, what should the care provider do?

4. An elderly gentleman spilled his milk as he was about to sit down at the table, what should the care provider do?

5. Some elderly persons need more assistance than others when buttering bread, cutting meat, etc. What is important for the care provider to do in situations like these?

ACTIVITY 16-3

DIRECTIONS: Read each statement regarding the procedures the care provider should follow when serving trays to the elderly. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F and rewrite the statement making it true in the space provided.

T F 1. The care provider should help the elderly person get ready before trays arrive so that the food can be eaten warm.

T F 2. It is not the care provider's responsibility to assist elderly persons in washing their hands.

T F 3. If a person is confined to bed, the care provider cannot be of any assistance.

T F 4. The care provider should assist an elderly person out of the bed and into a wheelchair if possible.

T F 5. When assisting an elderly person to a wheelchair, the care provider should place the wheelchair facing the foot of the bed at a 45 degree angle.

T F 6. The care provider is not responsible for checking to see if a patient can tolerate being moved.

T F 7. When helping a person to stand, the care provider should place arms under the person's arms and put hands on the person's back.

T F 8. The care provider should always put the signal cord out of the way during mealtime.

ACTIVITY 16-4

**DIRECTIONS:** Demonstrate an ability to present a tray to an elderly person by completing the following exercise. For each statement that you agree with, put an X in the blank labeled "agree." For each statement that you disagree with, put an X in the blank labeled "disagree" and write a one sentence statement giving your answer in the space provided below each statement.

1. Care providers should wash their hands before presenting a tray.

_____ Agree _____ Disagree

______________________________

______________________________

2. The care provider should check every tray card to make sure the trays are going to the right person.

_____ Agree _____ Disagree

______________________________

______________________________

3. It is not the care provider's responsibility to assist the elderly with cutting meat, buttering bread, etc.

_____ Agree _____ Disagree

______________________________

______________________________

4. The more people are rushed the more they usually eat.

_____ Agree _____ Disagree

______________________________

______________________________

5. Cheerful conversation and positive encouragement are very helpful to an elderly person.

_____ Agree _____ Disagree

______________________________

______________________________

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ACTIVITY 16-5

DIRECTIONS: To demonstrate an ability to follow correct procedure for removing a tray, select the most appropriate word or words from the list that best complete the sentence. Write the word or words in the blank to complete the statement.

bed
comfortable
face
hands
report
signal cord
sitting
standing
tray
wheelchair

1. After the elderly person has finished eating, the care provider should remove the __________.

2. When a person has eaten very little, the care provider should __________ it to the person in charge.

3. The care provider should assist the person in washing the __________ and __________ after eating.

4. In helping a person from a __________ to __________, the care provider should first apply the brakes.

5. The care provider can assist the person in __________ up and __________ on the edge of the bed.

6. The care provider should see that the person is __________ before leaving the room with the tray.

7. The care provider should check to see that the __________ is in reach before leaving the room.

ACTIVITY 16-6

DIRECTIONS: Write a paragraph(s) describing the techniques for serving extra nourishment to an elderly person. Also include an explanation of why the extra nourishment is served between meals.

ACTIVITY 16-7

DIRECTIONS: Read the list of steps to use when assisting with feeding the elderly. Arrange the steps in the order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step, and so on on up to number 10, the tenth step.

____ 1. To feed the elderly person, care providers should wash their hands.

____ 2. Make sure person has chewed and swallowed food before giving more.

____ 3. Make individuals comfortable.

____ 4. Sit beside person and arrange napkin.

____ 5. Wipe person's mouth for them.

____ 6. Place tray on appropriate table.

____ 7. Encourage them to do as much as possible for themselves.

____ 8. Wash person's hands and face if needed.

____ 9. Help prepare person for meal by washing hands, sitting person up, etc.

____ 10. Make sure that the food is not too hot.

ACTIVITY 16-8

DIRECTIONS: Review the self-help eating aids which the elderly can use by completing the matching exercise. Match the self-help eating aid with the most appropriate description. Place the letter of the eating aid in the blank to the left of the description.

DESCRIPTION

____ 1. Used when a person has difficulty with gripping due to pain or weakness

____ 2. May be transferred from one object to another

____ 3. Come in several shapes and sizes and facilitates reaching the mouth

____ 4. Used to help prevent spills and is attached to the edge

____ 5. .Useful to persons who are one-handed

____ 6. Provides a strong firm handle and can be adjusted

____ 7. Used by those with limited hand and arm movement to consume liquid

SELF-HELP EATING AID

A. Detachable type

B. Food/plate guard

C. Forks and spoons

D. Glass holder

E. Handle padding

F. Straw

# 17

# Chapter Seventeen
# Exercise for the Elderly

### COMPETENCY TO DEVELOP

- Determine how to meet the elderly's need for exercise and physical fitness.

### OBJECTIVES TO ACHIEVE

- Explain the importance of meeting the exercise needs of the elderly.
- Identify ways to meet the exercise needs of the elderly.
- Point out ways the elder care provider can help to meet the exercise needs of the elderly.

Physical fitness is an important factor in getting and keeping good health. Some form of regular exercise is particularly important for the elderly because of their special needs for continued mobility.

This chapter will help the elder care provider determine how to meet the elderly's need for exercise and physical fitness.

ACTIVITY 17-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

calisthenics ________________________________________

________________________________________

cardiovascular ________________________________________

________________________________________

cool-down ________________________________________

________________________________________

exercise ________________________________________

________________________________________

exercise program ________________________________________

________________________________________

neuromuscular ________________________________________

________________________________________

physical fitness ________________________________________

________________________________________

warm-up ________________________________________

________________________________________

Additional Terms

ACTIVITY 17-2

DIRECTIONS: Write a paragraph(s) explaining the importance of meeting the exercise needs of the elderly.

ACTIVITY 17-3

DIRECTIONS: The following activity will help the care provider identify ways to meet the exercise needs of the elderly. Answer the following statements by circling the letter T if the statement is true. Circle the letter F if the statement is false. If the statement is false, rewrite the statement in the space making it true.

T F 1. A brisk walk is an ideal and enjoyable way for the elderly to keep fit.

T F 2. Some form of regular exercise program is particularly important for the elderly needing continued mobility.

T F 3. The exercise program should have two basic parts – warm-up and exercise.

T F 4. Mild calisthenics should be included in an exercise program, but not in the beginning.

_______________________________________________

_______________________________________________

T F 5. It is not necessary for the physician to approve a mild exercise program for the elderly.

_______________________________________________

_______________________________________________

ACTIVITY 17-4

DIRECTIONS: Point out ways the elder care provider can help meet the exercise needs of the elderly by selecting the most appropriate word or words from the list to best complete the sentence. Write the word or words in the blank to complete the statement.

active
approved
attire
care provider
elevator
encourage
equipment
jogging
music
opportunities
stairs
television
walking

1. An elder care provider can _______________ the elderly person to participate in a regular fitness program.

2. The care provider should advise the elderly person that a fitness program be _______________ by the person's doctor.

3. Helping the elderly person keep a record of the exercises performed and how many times is the responsibility of the _______________.

4. The care provider can add to the fun of exercise by adding _______________.

5. The care provider can make other suggestions to enhance an exercise program, such as, exercising while watching _______________.

6. One suggestion the care provider might make is that the elderly person walk down the ________ instead of taking the _______________.

7. The care provider should encourage the elderly to always have some __________ project underway.

8. Care providers should look for new _______________ to help the elderly person move her or his body by suggesting jobs and interests that keep the elderly person busy and youthful.

9. If the care provider notices that an elderly person has exercise problems due to foot conditions or leg pains, other activities should be substituted for _______________ and _______________.

10. The care provider might assist the elderly with selection of appropriate _______________ and _______________ for participating in sports and other activities.

# 18

# Chapter Eighteen
# Hobbies and Activities for the Elderly

**COMPETENCY TO DEVELOP**

- Determine how to meet the elderly's need for hobbies and activities.

**OBJECTIVES TO ACHIEVE**

- Explain the importance of having hobbies.
- Explain the importance of meeting the elderly's need for hobbies and activities.
- Identify hobbies and activities.
- Point out ways the care provider can assist the elderly with hobbies and activities.

Hobbies and activities are a very important part of the elderly persons' lives. They not only add purpose and meaning to each day of their lives, but also provide for an opportunity for self- awareness, as well as dignity.

This chapter will help the care provider to determine how to meet the elderly's need for hobbies and activities.

ACTIVITY 18-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

avid ______________________________________________

______________________________________________

domestic activities ______________________________________________

______________________________________________

family genealogy ______________________________________________

______________________________________________

hobbies ______________________________________________

______________________________________________

line drawing ______________________________________________

______________________________________________

Additional Terms

ACTIVITY 18-2

DIRECTIONS: To explain the importance of having hobbies, complete the following sentences. Select the most appropriate word or words from the list. Write the word or words in the blanks to complete the statement.

adventure
anxiety
boredom
busy work
companionship

creativity
dignity
diversity
enjoyable

growth
learning
participation
recognition

recreation
relaxation
self-awareness
self-expression

solitude
stimulating
strenuous
stress

1. Hobbies and activities are not just ________________ or freedom from ________________for the elderly.

2. Hobbies and activities offer the elderly person an opportunity for ________________.

3. For some elderly persons, hobbies provide the opportunity for ______________ and ___________.

4. Hobbies or activities suggested for the elderly person should allow for: ________________, ________________, ________________, ________________, as well as ________________, ______________, ______________, ______________, ______________, and ______________.

5. Hobbies and activities for the elderly need to be ________________ and ________________, but not too ________________.

6. Hobbies are good for providing the person with _______while reducing ______ and relieving ______.

ACTIVITY 18-3

DIRECTIONS: Write a paragraph(s) explaining the importance of meeting the elderly's need for hobbies and activities.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

ACTIVITY 18-4

DIRECTIONS: The following exercise will help the care provider identify various hobbies and activities for the elderly. Read each statement. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F to the left of the statement and, in the space provided, rewrite the statement making it a true statement.

T F 1. Collecting hobbies such as coins, stamps, bottles, etc. provide little amusement for the elderly.

T F 2. There are many kinds of games for an elderly person to play.

T F 3. Jigsaw puzzles and video games are two things most elderly persons dislike.

T F 4. Writing is not a good activity for the elderly because of poor eyesight.

T F 5. Some elderly individuals might be interested in writing about personal experiences and even in publishing them.

T F 6. Tracing family genealogies is another possible activity for care providers to suggest to the elderly.

T F 7. For the elderly, art is not a good suggestion to pursue.

T F 8. Reading is a suggestion that appeals to some of the elderly.

T F 9. Reading is not a good suggestion for the elderly who are blind or cannot read.

T F 10. Pets are good companions for the elderly, but are too expensive and time consuming.

T F 11. Gardening is one activity to suggest to elderly persons, but it is much too strenuous.

T F 12. Some elderly persons prefer to participate in group activities while others prefer individual activities.

ACTIVITY 18-5

DIRECTIONS: This activity will help the care provider to point out ways to assist the elderly with hobbies and activities. Read each of the situations and propose an effective way to deal with the situation. Write the solution to the situation in the space provided.

1. Cara is a care provider for the elderly. She has made several suggestions for hobbies and activities that the elderly could participate in. What should Cara keep in mind about the length of time a project takes?

2. Leianne suggested that Mr. James, an elderly man, take up painting. The supplies were extremely expensive and Mr. James knew very little about painting. What did Leianne forget?

3. Mr. Tyke decided to play a video game on the television screen. When he arrived at the television room, the equipment was not to be found. What is the care provider's responsibility toward equipment?

4. Karl Anthony, an elderly gentleman, is interested in tracing his family genealogy. What are some ways a care provider could assist Karl?

5. Rebecca, an elderly woman, is interested in reading. She is confined to her wheelchair and has difficulty going to the library. What might the care provider do in this situation?

# 19

# Chapter Nineteen
# Educational Activities for the Elderly

## COMPETENCY TO DEVELOP

- Determine how to meet the elderly's need for educational activities.

## OBJECTIVES TO ACHIEVE

- Explain the importance of meeting the elderly's need for educational activities.
- Identify ways to meet the elderly's need for educational activities.
- Point out ways the care provider can assist the elderly with educational activities.

It is never too late to learn. Acquiring knowledge can promote growth, as well as, self-development regardless of the age of the person. Educational activities also stimulate feelings of satisfaction and enjoyment for the elderly.

This chapter will focus on meeting the elderly's need for educational activities.

ACTIVITY 19-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

adult education ______________________________________________

______________________________________________________________

audit ________________________________________________________

______________________________________________________________

extension course _____________________________________________

______________________________________________________________

Golden Age Clubs _____________________________________________

______________________________________________________________

mini-courses _________________________________________________

______________________________________________________________

senior centers _______________________________________________

______________________________________________________________

weekend scholars _____________________________________________

______________________________________________________________

YMCA _________________________________________________________

______________________________________________________________

YWCA _________________________________________________________

______________________________________________________________

Additional Terms

ACTIVITY 19-2

DIRECTIONS: Write a paragraph(s) explaining the importance of meeting the elderly's need for educational activities.

ACTIVITY 19-3

DIRECTIONS: To identify the ways to meet the elderly's need for educational activities, select the most appropriate word or words from the list and fill in each blank to complete the sentence. Some of the words can be used more than once.

adult education
adult education courses
audit
churches
clubs
day centers

extension courses
libraries
Library Services and Construction Act Amendments of 1984
mail
mini-courses
museums
organizations

parks
religion
retirement homes
schools
voluntary organizations
weekend scholars
YMCA
YWCA

1. Most colleges and universities are offering ______________ or ______________.

2. Many colleges also offer ______________ ____________________ and ______________ courses.

3. To encourage elderly students to come back to college, some colleges are organizing special ______________ to help them find their way around campus.

4. In an effort to allow younger students and older students to mingle and study together, some universities have constructed dormitories connected to ______________.

5. The ______________ and ______________ are organizations that offer excellent ______________ programs for a small fee.

6. In just about every town in the country, there are ______________, ______________, and ______________ for senior citizens to join for a very small fee.

7. A directory of ______________ with programs in the field of aging is published by the United States Government Printing Office and can be requested by ______________.

8. ______________, ______________, ______________, ______________, and ______________ offer learning programs on numerous subjects for older persons.

9. Legislators, concerned that library facilities and services be accessible to the elderly, passed the ____________________________________________________________.

10. ______________ is closely related to education during all phases of life as it encourages self-development and growth.

## ACTIVITY 19-4

DIRECTIONS: The following exercise will help the care provider point out ways to assist the elderly with educational activities. Answer the following statements by circling the letter T if the statement is true. Circle the letter F if the statement is false.

T F 1. The elder care provider should insist that an elderly person who indicates an interest in learning look at the universities and colleges in the community.

T F 2. The care provider can assist the elderly person by phoning or obtaining college catalogs to find out the courses and programs offered to the elderly.

T F 3. The care provider can assist the elderly by locating local clubs or organizations and finding out the costs and kinds of activities offered.

T F 4. It is not the care provider's responsibility to locate or provide transportation services for the elderly.

T F 5. The care provider must remember that religion is personal, recognize individual rights, and leave interpretation and application to the elderly person.

T F 6. The care provider may be asked to assist and escort the elderly person to and from religious activities.

T F 7. The care provider should not encourage visits by the clergy when the elderly person is unable to leave home.

T F 8. The care provider should not encourage regular attendance to religious activities because the decision is the elderly person's.

T F 9. The care provider should encourage an elderly person to pursue knowledge or a topic the person is interested in.

T F 10. The care provider can check to see if a home bound elderly person can assist the congregation by making phone calls, addressing envelopes, or doing other tasks.

# 20

# Chapter Twenty
# Sanitation

COMPETENCY TO DEVELOP

- Analyze ways to help improve sanitation in a private home or elder care facility.

## OBJECTIVES TO ACHIEVE

- Identify personal sanitation measures to follow to prevent the spread of infection.
- Demonstrate an ability to properly remove dirty linen from a bed.
- Describe how items are sanitized.
- Give examples of effective ways to deal with odors.
- Explain the measures to take in order to control pests and rodents.
- Explain the difference between disinfection and sterilization.

Sanitation can be defined as the practice of rendering the care facility or private home free from agents injurious to health. It is important that the care provider have some knowledge of sanitation practices in order to help prevent the spread of infection, odors, pests, and rodents.

This chapter will focus on helping the care provider improve sanitation in a private home or elder care facility.

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ACTIVITY 20-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

disinfection ____________________________________________

____________________________________________

medical asepsis ____________________________________________

____________________________________________

microbiology ____________________________________________

____________________________________________

sanitation ____________________________________________

____________________________________________

sterilize ____________________________________________

____________________________________________

ventilation ____________________________________________

Additional Terms

ACTIVITY 20-2

DIRECTIONS: To identify personal sanitation measures to follow to prevent the spread of infection, complete the following exercise. In the blank to the left of the description, place the letter of the preventive measure being described.

DESCRIPTION

____ 1. Free from germs or bacteria that may cause infection

____ 2. Practice of rendering the care facility or home free from agents injurious to health

____ 3. Should be done frequently and thoroughly by the care provider

____ 4. Should be worn by the care provider for protection against spreading germs

____ 5. Science on which sanitation is based

____ 6. The handling of this is a crucial phase in infection control

____ 7. Object is immersed in the correct concentration of sanitizer for one minute

____ 8. Free from germs if rinsed in hot water or a sanitizing solution

____ 9. Care provider should not try to block them out with sprays and deodorizers

____ 10. Immersion of object in hot water for no less than 30 seconds

PREVENTIVE MEASURE

A. Chemical sanitizing

B. Covering

C. Dish washing

D. Hand washing

E. Heat sanitizing

F. Linen

G. Medical asepsis

H. Microbiology

I. Odors

J. Sanitation

ACTIVITY 20-3

DIRECTIONS: Demonstrate an ability to properly remove dirty linen from a bed by completing the following activity. Circle the letter T if the statement is true. If the statement is false, circle the letter F and in the space provided rewrite the sentence making it a true statement.

T F 1. Linen is only subject to contamination in a care facility.

T F 2. The handling of linen is a crucial phase of infection control because well-cared for linen is a source of bacterial contamination.

T F 3. Linen should be stored on clean dust-free shelves and never allowed to touch the floor.

T F 4. When removing soiled linen from a bed, one should be careful not to spread germs on to clothes.

T F 5. When linen is extremely soiled, it should be pre-rinsed before it is laundered.

ACTIVITY 20-4

DIRECTIONS: Unscramble the words in the left hand column to complete the sentences describing how items are sanitized. Write the unscrambled words in the blanks to complete the statement. After unscrambling the words, write a complete sentence using each word. Write the sentence in the space provided.

| | |
|---|---|
| ehat inasitnzig | 1. Immersing an object in water 170° F is the common method of _______ _________________. |
| aelnc nrieds | 2. For the sanitizing process to work, the object must be thoroughly _____________ and completely _____________. |
| ottiiaanns | 3. ____________________ does not replace the need for good cleaning. |
| mhecclai | 4. The most common ________________ sanitizers are chlorine, iodine, and quarternary ammonia. |
| eon utinme | 5. In chemical sanitizing the object is immersed in sanitizer for _________ _________________. |

SENTENCES:

1. ________________________________________________________________

________________________________________________________________

2. ________________________________________________________________

________________________________________________________________

3. ________________________________________________________________

________________________________________________________________

4. ________________________________________________________________

________________________________________________________________

5. ________________________________________________________________

________________________________________________________________

ACTIVITY 20-5

DIRECTIONS: Read each statement on the do's and don'ts of dealing with odors. Place an X in the blank under the Do if the statement describes a behavior that should be practiced. Place an X under the Don't if the statement describes a behavior that should not be practiced.

DO DON'T

____ ____ 1. One effective way of dealing with odors is to remove the cause.

____ ____ 2. Remove garbage frequently.

____ ____ 3. Use deodorizer sprays and blocks.

____ ____ 4. Use plastic liners in garbage cans.

____ ____ 5. Use loose fitting lids.

ACTIVITY 20-6

DIRECTIONS: Explain the measures to take in order to control pests and rodents by responding to the questions in the following case situations. Write the answers in the space provided.

1. Christy is care provider in an elder care facility. She has the responsibility of controlling the pests in the kitchen area. What suggestions might be made to help Christy with this task?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

2. Christy knows she must now take pest control measures on a regular basis. What measures should Christy take?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

3. Christy has tried all of the pest-control measures and still cannot get rid of the pests. What might be suggested that she do in this situation?

4. If you were employed in Christy's position and you saw the signs of pests or rodents in the elder care facility, what would you do?

## ACTIVITY 20-7

DIRECTIONS: In the space provided, write a paragraph explaining the difference between disinfection and sterilization.

# 21

# Chapter Twenty -one
# Safety

## COMPETENCIES TO DEVELOP

- Relate safety to the role of a care provider in a private home or an elder care facility.
- Observe safety rules and procedures when working as an elder care provider.

## OBJECTIVES TO ACHIEVE

- Point out safety rules to follow or observe in the various areas of a private home or care facility.
- Give examples of general safety rules to follow in housekeeping matters.
- Explain fire emergency procedures.
- Identify potentially hazardous conditions.

The United States Consumer Product Safety Commission says that 43% of all accidental deaths and injuries of the elderly occur in the home. Falls, cuts, burns, and poisoning are the most common causes of harm in the home. Most of these can be prevented if simple steps are taken to correct hazardous problems or conditions.

This chapter will focus on safety rules and procedures when working as an elder care provider.

ACTIVITY 21-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

antidote

Consumer Product Safety Commission (CPSC)

escape route

fuse

National Fire Prevention and Control Administration

outlet

smoke detector

traffic lane

Additional Terms

ACTIVITY 21-2

DIRECTIONS: Point out safety rules to follow in a private home or care facility by completing the following activity. Read each situation and write the answer to the question in the space provided.

1. Mrs. Azoa's grandchildren are coming for a visit and Yi-Lun, the elder care provider, is preparing for their arrival. What safety rule or precaution should Yi-Lun be aware of?

2. Johnny, a care provider in a private home, was in the garage when the light began to flicker. The light then made a noise and went out. What is the safest thing for Johnny to do?

3. Mary was washing dishes and cut herself on a knife that was hidden under the soap suds. What safety measure could have prevented this accident?

4. Grandpa Henry slipped in the bathtub and broke his hip. What safety rule or precaution could have helped prevent this situation?

5. Mrs. Brown was walking to the bathroom in the middle of the night. She fell over a chair and hurt her waist. What safety rule or precaution could have prevented this accident?

6. Mr. Jones is moving in with his son Todd and his family. They live in a two-story house and Mr. Jones's room will be on the second floor. How might the stairway be made more safe for Mr. Jones?

7. Closing the door before going to sleep is a safety rule that Mrs. Burns practices faithfully. Why is this rule so important?

8. Because there is little time to get out and so much confusion when there is a fire in an elder care facility, Sabella has been told it is important for the care providers to know what to do to ensure the safety of the elderly individuals. What fire safety procedures should Sabella become familiar with?

9. On her birthday, Mrs. Thomas received an electric blanket from her son. What safety precautions should be observed when using an electric blanket?

10. Dwight, a care provider in a private home, has dropped a piece of lettuce on the floor of the kitchen while preparing a salad for Mr. Cummings' lunch. Dwight has had several interruptions and he is hurrying to serve the meal on time. Dwight knows Mr. Cummings becomes very upset when he has to wait for a meal. What should Dwight do?

ACTIVITY 21-3

DIRECTIONS: Fill in the blank with the word or words that best complete the sentences related to safety rules that should be followed in housekeeping matters.

clothing
convenient
falls
gloves
nonskid
reach
rugs
walking

1. One should wipe up spills on the floor immediately because they can cause serious ________________.

2. One should wear comfortable ________________ as well as cotton ________________ for heavy jobs or when handling things with sharp edges.

3. One should place foam rubber or rubber jar rings onto the wrong side of ________________ that do not have a ________________ finish.

4. One should store cleaning items that are used often at heights that are ________________ and easy to ________________.

5. One should make ________________ safer by arranging furniture so that a traffic lane is left open.

ACTIVITY 21-4

DIRECTIONS: Write a paragraph(s) explaining fire emergency procedures.

ACTIVITY 21-5

DIRECTIONS: Identify potentially dangerous hazardous conditions by completing the following exercise. In the blank to the left of each safety precaution, place the letter of the hazardous condition which is related to the safety precaution. The letters may be used more than once. Some statements may have more than one answer.

SAFETY PRECAUTION

____ 1. Wipe up spills immediately and avoid using too much wax

____ 2. Keep all work surfaces dry and clean

____ 3. Attach foam rubber or rubber jar rings onto backside

____ 4. Store out of reach of children and pets

____ 5. Read directions, warnings, and special directions

____ 6. Place furniture over corners to hold in place

____ 7. Avoid mixing two or more substances

____ 8. Avoid using too much wax

____ 9. Sponge the backing with soap or detergent suds

____ 10. Remember that the antidote is printed on the package

HAZARDOUS CONDITIONS

A. Chemical products

B. Greasy stove

C. Poisonous substance

D. Scatter rugs

E. Slippery floors

# 22 Chapter Twenty-two Preventing Health Measures and Signs of Illness

**COMPETENCY TO DEVELOP**

- Determine the role of care providers in helping the elderly to maintain good health.

**OBJECTIVES TO ACHIEVE**

- Describe preventative measures the elderly can engage in to maintain good health.
- Identify infectious diseases the elderly should be immunized for.
- Describe how to use medications safely.
- Point out possible signs of illness in the elderly.

Maintaining good health will not only help to prevent illness but will provide the elderly with the opportunities to live more full and satisfying lives. Emotional stability, vitality, and a zest for living are all necessary for the elderly person to have good personal health.

This chapter will enable the care provider to determine his or her role in helping the elderly to maintain good health.

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ACTIVITY 22-1

**DIRECTIONS:** Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

diphtheria ________________________________________

________________________________________

infectious diseases ________________________________________

________________________________________

influenza ________________________________________

________________________________________

objective observations ________________________________________

________________________________________

preventive measures ________________________________________

________________________________________

subjective observations ________________________________________

________________________________________

tetanus ________________________________________

________________________________________

Additional Terms

ACTIVITY 22-2

DIRECTIONS: In the space provided write a paragraph(s) describing the preventive measures that the elderly can engage in to help maintain good health.

ACTIVITY 22-3

DIRECTIONS: Identify the infectious diseases the elderly should be immunized for by completing the matching exercise. Match the infectious disease to the appropriate factor. Place the letter of the disease to the left of each factor. The letters can be used more than once.

| FACTORS | INFECTIOUS DISEASES |
|---|---|
| ____ 1. Immunization should always be annual especially if they have chronic conditions | A. Diphtheria |
| ____ 2. Should be immunized every 10 years | B. Tetanus |
| ____ 3. Best to be immunized in early fall | C. Influenza |
| ____ 4. Should be immunized if participating in outdoor activities | |
| ____ 5. Has a high mortality rate for those over 40 | |
| ____ 6. Is highly contagious if elderly are exposed to it | |
| ____ 7. Should be immunized in advance of any epidemic | |
| ____ 8. Booster doses should be given every 10 years | |
| ____ 9. Booster doses should be given immediately after a puncture wound from a rusty nail | |
| ____ 10. Disease which deserves continuous attention in order to protect the elderly | |

ACTIVITY 22-4

DIRECTIONS: Describe how to use medications safely by completing the following exercise. Read each situation and answer the question in the space provided.

1. Mrs. Gomez, an elderly woman, cannot open the childproof container that her medicine is in and as a result she is not taking her medication. What are two things that Mrs. Gomez should be aware of in this situation?

2. Mr. Bass, an elderly gentleman, has a friend that has not been feeling well. Mr. Bass has decided to give his friend some pain killers that were prescribed for him. Should or shouldn't Mr. Bass do this? Explain your answer.

3. Mrs. Doylene is feeling ill. She has remembered that the last time she felt this way the doctor gave her a prescription. She has some of the medication left and has decided to take it. What should Mrs. Doylene be aware of in this situation?

4. Mr.. Blakely has had a case of the flu for two weeks. His doctor gave him a prescription for Ampicillin. Mr. Blakely takes it every morning as directed. In fact to make sure he doesn't forget it, he takes it with his orange juice. Mr. Blakely doesn't seem to be getting better. What should Mr. Blakely be aware of in this situation?

ACTIVITY 22-5

DIRECTIONS: Point out the possible signs of illness in the elderly by completing the following exercise. Read each possible sign of illness and determine if the sign of illness is an objective or subjective type of observation. Place the letter of the type of observation in the blank to the left of each possible sign of illness.

POSSIBLE SIGN OF ILLNESS

____ 1. Abdomen is enlarged and tender to touch

____ 2. Sensations such as hot, cold, shivering, tingling, pressure, hunger, thirst, etc.

____ 3. Person easily tires

____ 4. Hands are swollen, extremely wrinkled, pale or flushed, red splotches

____ 5. Loss of function of any senses

____ 6. Circulation–general body swelling, discolored skin

____ 7. Unusual movement of eyes, sunken, protruding, puffy, dark circled or discharging

____ 8. Feeling such as fear, anxiety, worry, distrust, dizziness

____ 9. Face is dull, indifferent, anxious, tired, or expressionless

____ 10. Describes pain as sharp, dull, constant, or interval, etc.

TYPE OF OBSERVATION

A. Objective

B. Subjective

# 23

# Chapter Twenty-three

# Vital Health Signs

### COMPETENCY TO DEVELOP

- Determine the care provider's role in monitoring and recording the vital signs of the elderly.

### OBJECTIVES TO ACHIEVE

- Identify the vital signs.
- Give examples of when to take one's temperature.
- Describe the procedure for taking one's temperature.
- Demonstrate how to read a thermometer.
- List the steps in taking one's pulse.
- Describe the procedure for taking one's respiration count.

One of the elderly care provider's many duties is to master the art of accurately taking and recording temperature, pulse, and respiration. The amount of information that needs to be recorded depends upon the needs of the elderly person, requests made by the doctor, nurse, or person in charge, and specific symptoms and situations. The care provider should always initial the chart after making entries.

This chapter will enable the care provider to determine his or her role in monitoring and recording the vital signs of the elderly.

ACTIVITY 23-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

blood pressure ________________________________________

________________________________________________

monitor ______________________________________________

________________________________________________

pulse ________________________________________________

________________________________________________

respiration ____________________________________________

________________________________________________

temperature ___________________________________________

________________________________________________

vital signs _____________________________________________

________________________________________________

Additional Terms

ACTIVITY 23-2

DIRECTIONS: Identify the vital signs of the elderly by completing the matching exercise. Match the type of vital sign to the appropriate factor. Place the letter of the vital sign in the blank to the left of each factor. The letters can be used more than once.

FACTORS

____ 1. The process by which the body takes oxygen into the lungs and eliminates carbon dioxide

____ 2. Reflects or indicates a change in a person's condition

____ 3. Heat in the body

____ 4. Indicates how heart is beating

____ 5. Indicated by how the breathing sounds

____ 6. Referred to as vital signs

____ 7. Amount of effort the heart exerts to circulate the blood

____ 8. Balance between the heat produced in the body and the heat lost

____ 9. Indicated by how often a person breathes in and out

____ 10. The care provider should always report a change in this

VITAL SIGNS

A. Blood pressure

B. Pulse

C. Respiration

D. Temperature

ACTIVITY 23-3

DIRECTIONS: Give examples of when to take one's temperature by completing the following activity. For each statement that you agree with, put an X in the blank labeled Agree. For each statement that you disagree with, put an X in the blank labeled Disagree.

1. A flushed face or any skin rash is a symptom that indicates temperature should be taken.

______ Agree ______ Disagree

2. Hot or dry skin is not an indication of a need for temperature to be taken.

______ Agree ______ Disagree

3. Excessive thirst is not a symptom of fever.

______ Agree ______ Disagree

4. Rapid pulse could be an indication of a change in temperature.

______ Agree ______ Disagree

5. A headache is a symptom indicating the need for temperature to be taken.

______ Agree ______ Disagree

6. Symptoms indicating temperature do not include aching in the joints or over entire body.

______ Agree ______ Disagree

7. One indication that temperature should be taken is nausea or vomiting.

______ Agree ______ Disagree

8. Indications of a need for temperature to be taken do not include signs of diarrhea or constipation.

______ Agree ______ Disagree

9. Pain is not an indication of fever.

______ Agree ______ Disagree

10. Coughing or respiratory distress could be an indication of fever.

______ Agree ______ Disagree

ACTIVITY 23-4

DIRECTIONS: To review the procedure for taking one's temperature, select the most appropriate word or words from the list that best complete the sentence. Write the word or words in the space provided.

anus
armpit
case
container
digital
hands
mercury
mouth
95°
rinse
soap
supplies
three to five minutes
wash
water
written

1. When taking a person's temperature, the care provider must gather all of the ______________ needed.

2. Before taking a person's temperature, the care provider should wash ______________ well.

3. The care provider should clean the thermometer using ______________ and ______________ on a clean cotton ball or wipe.

4. The care provider should shake the thermometer down below ______________.

5. The three methods of taking a temperature are ___________, ____________, and ___________.

6. The thermometer should be left in place for ____________________________, then removed and wiped dry with a dry cotton ball.

7. The care provider should turn the stem of the thermometer until he/she can see the _____________ or _____________ reading.

8. The temperature recording on the thermometer should be ______________ down.

9. The care provider should ______________ and ______________ the thermometer after each use.

10. As a last step, the thermometer should be placed in its ______________ or ______________ and the care provider should wash hands again.

ACTIVITY 23-5

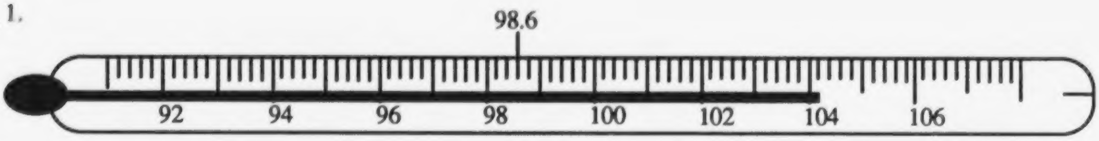
DIRECTIONS: Demonstrate an ability to read a thermometer by completing the following activities. Read the steps on how to read a thermometer and then follow the instructions from reading the temperatures on the illustrated thermometers.

Steps on How to Read a Thermometer

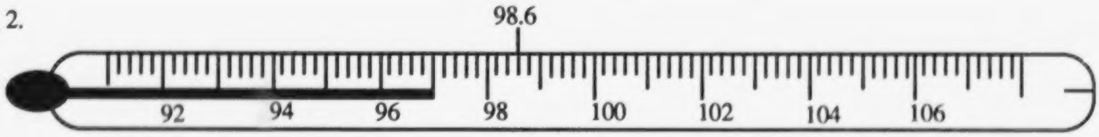
- Hold the thermometer at eye level (do not touch the bulb end of the thermometer).
- Rotate the thermometer until you can clearly see the band of mercury.
- Observe the temperature markings at the point where the mercury stops.
  a. Short markings represent an increase of two tenths of a degree (0.2°).
  b. Longer markings represent an increase of 1°.
  c. If mercury band ends at one of the short lines, look to see which long line is to the left. This will tell you the degree of temperature.

A. Read the thermometers. Write the temperature reading in the space provided to the left of the thermometer.

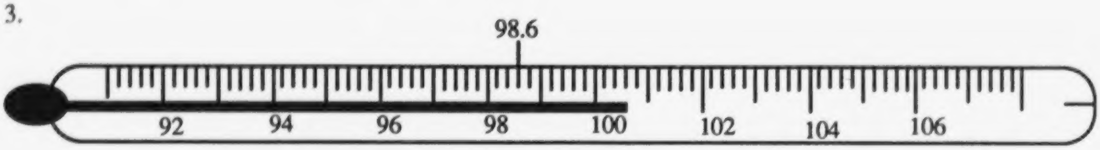
______ 1.



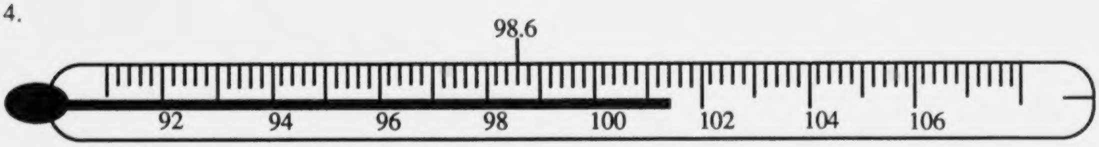
______ 2.



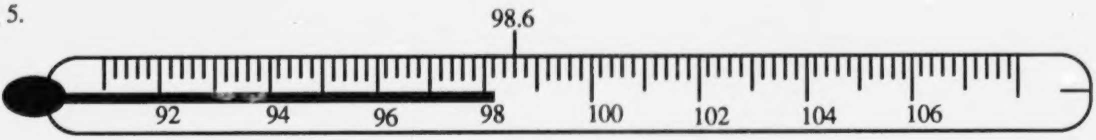
______ 3.



_____ 4.

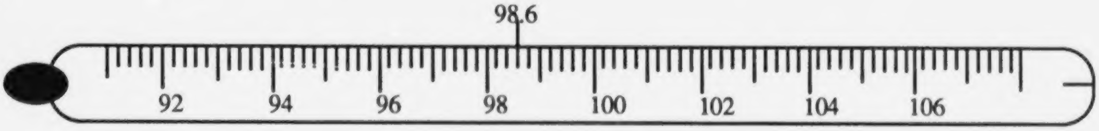

98.6
92
94
96
98
100
102
104
106

_____ 5.

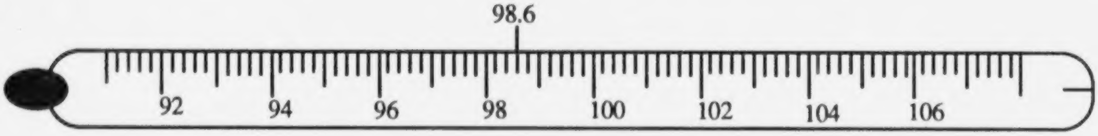

98.6
92
94
96
98
100
102
104
106

B. Read the temperature reading to the left of the thermometer. Mark the temperature reading on the thermometer by drawing a line from the bulb of the thermometer to the correct temperature reading.

1. 104.2°F

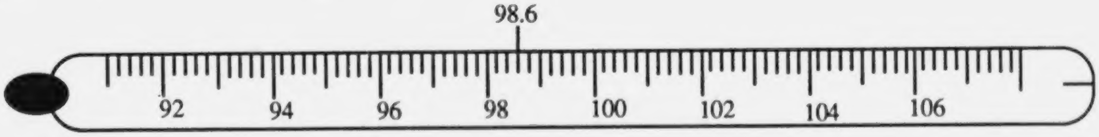

98.6
92
94
96
98
100
102
104
106

2. 98.6°F

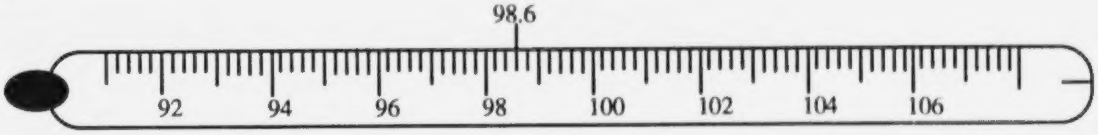

98.6
92
94
96
98
100
102
104
106

521

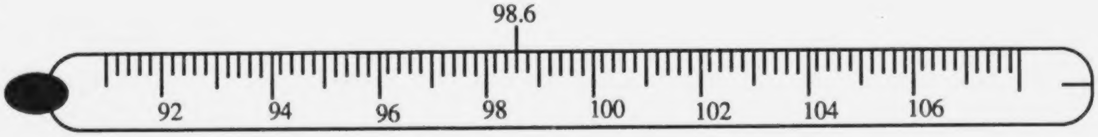
3. 101.5°F


98.6
92
94
96
98
100
102
104
106

4. 103.3°F


98.6
92
94
96
98
100
102
104
106

5. 99.6°F


98.6
92
94
96
98
100
102
104
106

ACTIVITY 23-6

DIRECTIONS: Answer the following exercises in the space provided.

1. List the three steps that the care provider should follow when taking an elderly person's pulse.

(1) ______________________________

______________________________

(2) ______________________________

______________________________

(3) ______________________________

______________________________

2. What type of watch should be used when taking the pulse?

______________________________

______________________________

3. Give five terms that the care provider should use to describe the strength of the beat when recording the pulse rate.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

(5) ______________________________

ACTIVITY 23-7

DIRECTIONS: Write a paragraph(s) describing the steps for taking an elderly person's respiration count.

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

# 24

# Chapter Twenty-four First Aid

## COMPETENCY TO DEVELOP

- Explain first aid procedures for assisting the elderly with emergencies.

## OBJECTIVES TO ACHIEVE

- Describe simple first aid principles.
- Give examples of common first aid supplies.
- Demonstrate an ability to apply first aid procedures in an accident situation.
- Identify community resources for assistance in emergencies.

When working in services for the elderly, emergencies will occur especially in a private home situation. It is important for the elder care provider to know what to do, as well as what not to do.

This chapter will focus on first aid procedures for assisting the elderly with emergencies.

ACTIVITY 24-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

abrasion ____________________

American Association of Poison Control Center ____________________

____________________

burns ____________________

Cardiopulmonary Resuscitation (CPR) ____________________

____________________

choking ____________________

Emergency Medical System (EMS) ____________________

fainting ____________________

first degree burn ____________________

Heimlich Maneuver ____________________

incision ____________________

laceration ____________________

LIFE ____________________

National Poison Center Network ____________________

____________________

National Poison Control Center ____________________

____________________

poison ____________________

puncture ____________________

second degree burn ____________________

shock ____________________

third degree burn ____________________

wounds ____________________

Additional Terms

ACTIVITY 24-2

DIRECTIONS: Write a paragraph(s) discussing the five first aid principles that will help the care provider meet home emergency needs of the elderly.

ACTIVITY 24-3

DIRECTIONS: Give examples of common first aid supplies by matching the first aid supplies to the minor ailment or emergency. Place the letter of the first aid supply in the blank to the left of the minor ailment or emergency. Some will have two letters for answer.

MINOR AILMENTS OR EMERGENCY

_____ 1. For poison ivy, prickly heat, itching, and insect bites
_____ 2. For stomach acidity, heartburn
_____ 3. To bring on vomiting if poisoned
_____ 4. To clean minor wounds
_____ 5. For diarrhea
_____ 6. For quick revival of faintness
_____ 7. For foot baths and hot compresses
_____ 8. For minor cuts or scrapes
_____ 9. For sprains of the wrist, knee, or ankle
_____10. For minor irritations and lubrication
_____11. For relief of cold symptoms
_____12. To relieve headaches and pain

FIRST AID SUPPLIES

A. Acetaminophen
B. Antacid
C. Antidiarrheal Remedy
D. Aromatic Spirits of Amonia
E. Aspirin
F. Band Aids
G. Calamine Lotion
H. Decongestant
I. Elastic Bandage
J. Epsom Salts
K. Iodine
L. Mercury Antiseptic
M. Petroleum Jelly
N. Syrup of Ipecac

ACTIVITY 24-4

DIRECTIONS: To review the correct application of first aid procedures, select the most appropriate word or words from the list and fill in each blank to complete the sentence. Some of the words can be used more than once.

bleeding
citrus juices
cleanse
clothing
cold water
doctor
dry
elevate
Heimlich Maneuver
inside
label
milk
move
oils
outside
over heat
pressure
puncture
smelling salts
spanking
sterile
Syrup of Ipecac
treatment
vinegar
vomiting
water

1. Wash toward the _______________ of the wound rather than the _______________.

2. For minor wounds, _______________ thoroughly and cover with a _________ ,sterile dressing.

3. For skin abrasions or lacerations apply a _______________ dressing directly over the wound.

4. _______________ a wounded leg or arm to control bleeding.

5. For a _______________ wound, apply pressure to the surrounding flesh to encourage _______________. Cleanse again and apply dressing.

6. Avoid removing _______________ that is stuck to burned areas.

7. When possible, remove clothing before applying _______________ to burns.

8. Treatment should not be applied to burns except when ordered by the _______________.

9. For first degree burns, place under _______________.

10. For third degree burns, cover entire area with a _______________, _______________ dressing.

11. For a second degree burn, place under _______________ and cover with a dry, sterile dressing.

12. For fainting, bathe the person's face with cold water and use _______________ if available.

13. When treating someone who is in shock, do not _______________ the person before medical assistance arrives.

14. For shock, cover the person, but do not _______________.

15. The care provider is strongly advised to take courses in CPR and the _______________ to aid a person who may be choking.

16. If poison is ingested, the care provider should first read the _______________ on the product for first aid measures.

17. For ingestion of strong acids or alkalis, have the person drink _______________ or _______________ in large quantities and seek medical advice.

18. For ingestion of acids, do not give _______________, _______________, or _______________ as they can make the condition worst.

19. For ingestion of methanol and related products, give the person _______________ to induce _______________.

20. The person should be placed in _______________ position when vomiting begins.

ACTIVITY 24-5

DIRECTIONS: Identify community resources for assistance in emergencies by completing the following exercises. Write answers in the space provided.

1. Mr. Todd, an elderly gentleman where Juan is employed, was in an accident. Juan has checked Mr. Todd and made him comfortable. What should Juan do next?

2. The care provider suspects that Miss Snowden has swallowed some poison. What should the care provider do?

3. Mr. Beckley has developed a new technique for poison prevention and would like to exchange information with other centers and groups. Who should he contact?

4. Identify the resources for assistance in emergencies which are located in the area where you live:

5. Give the key word and the information needed when the care provider is making an emergency call.

KEY WORD:

INFORMATION NEEDED:

# 25

# Chapter Twenty-five Terminal Illness

### COMPETENCIES TO DEVELOP

- Determine the role of the care provider for terminally ill persons.
- Analyze the feelings and needs of the terminally ill, their families, and friends.

### OBJECTIVES TO ACHIEVE

- List possible ways of caring for the terminally ill.
- Identify the needs of a terminally ill individual.
- Identify the needs of the family of a terminally ill individual.
- Explain the stages of grief that most terminally ill individuals experience.
- Explain the steps of grief that most family members and friends experience after the death of a loved one.

The elder care provider may be working with an elderly person who becomes terminally ill. As a result, the care provider must be aware of the feelings that the terminally ill individual is experiencing, as well as the feelings of the family members at this time.

This chapter will enable the care provider to determine his or her role in caring for terminally ill persons.

ACTIVITY 25-1

**DIRECTIONS:** Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

empathy ____________________________________________

____________________________________________________

reconciliation ______________________________________

____________________________________________________

stages of grief _____________________________________

____________________________________________________

terminally ill ______________________________________

____________________________________________________

Additional Terms

## ACTIVITY 25-2

DIRECTIONS: Identify positive ways of caring for the terminally ill by selecting the most appropriate word or words from the list that best complete the sentence. Fill in each blank to complete the sentence.

abilities
creative
firm
flexible
indifferent
impatience
insensitive
kindness
love
overprotective
prolonged
respect
self-esteem
unsympathetic

1. _______________ the ill person as an individual who has the same desires and needs as others.

2. Be _______________ and _______________ in managing the care schedule of the ill family member.

3. Support the ill family member with _______________ and _______________.

4. Avoid being _______________, _______________, or _______________ to the suffering of the ill individual.

5. Help the terminally ill individuals maintain their _______________ by encouraging self-help.

6. Help the individual learn to live with a _______________ convalescence.

7. Avoid showing _______________ when the ill individual is slow in doing something.

8. Be _______________ with the ill individual when it is necessary.

9. Avoid being _______________ of the ill individual.

10. Encourage the individual to use remaining _______________ when handicapped in some area.

ACTIVITY 25-3

DIRECTIONS: Identify the needs of the terminally ill by matching the need with its description. Place the letter of the needs in the blank to the left of the description.

DESCRIPTION

____ 1. A way to pass the time such as watching television, reading, playing cards, or talking to loved ones

____ 2. To know they will be cared for up until the moment of death

____ 3. To be able to talk to friends and family on a meaningful level

____ 4. To know their thoughts and feelings are shared by others in their situation

____ 5. To feel that they are loved and/or are the object of someone's love

NEEDS

A. Love

B. Meaningful relationships

C. Normal

D. Recreation

E. Safety and security

ACTIVITY 25-4

DIRECTIONS: The following exercises will help the care provider identify the needs of the family of a terminally ill person. Answer the following statements by circling the letter T if the statement is true. Circle the letter F if the statement is false, and in the space provided, rewrite the false statement making it true.

T F 1. The needs of the terminally ill individuals are always greater than the needs of their families.

______________________________________________

______________________________________________

______________________________________________

T F 2. The care provider should provide emotional support to family members.

______________________________________________

______________________________________________

______________________________________________

T F 3. The care provider should maintain a concerned attitude toward the terminally ill individual and family members.

______________________________________________

______________________________________________

______________________________________________

T F 4. The care provider should limit the amount of time the family spends with the terminally ill individual.

T F 5. The care provider should provide for the family's wishes for privacy.

T F 6. The care provider should be in charge of answering questions and discussing the concerns of the family.

T F 7. The care provider should follow the wishes of the family even when they differ from the rules of the care facility.

T F 8. The care provider should encourage family members to continue to visit the terminally ill person.

T F 9. The care provider should relay the concerns of the family to the supervisor or to the person in charge.

T F 10. Being quietly thoughtful of the comfort of others and willing to help will show that the care provider is understanding and concerned for the entire family.

ACTIVITY 25-5

DIRECTIONS: Explain the stages of grief that most terminally ill individuals experience by completing the following' exercise. Read each of the situations and respond to each situation by writing the answer in the space provided.

1. Miss Yea, an elderly lady at the nursing home, recently found out she is terminally ill. She has been talking a lot about losing her friends and family and also worrying about who all of her belongings should go to. What stage of grief is Miss Yea in? Explain answer.

2. The doctor has just told Mr. Mondrell that he has terminal cancer. Mr. Mondrell is in shock and wants to be left alone. He refuses to tell anyone about his condition and also refuses to believe it himself. What stage of grief is this and what is the purpose?

3. Mr. Mondrell has moved into the stage in which a secret agreement is made in hopes of delaying the inevitable–death. What stage is this and what is the purpose?

4. Miss Yea has moved into the stage in which she is very tired and void of any feelings. She is not happy, but she is at peace. What stage is Miss Yea in and what is the purpose?

5. Both Mr. Mondrell and Miss Yea went through a stage where each felt rage and hostility toward any and everyone. What stage were they in and what was the purpose of this particular stage?

6. List the stages of grief in order that both Miss Yea and Mr. Mondrell went through.

STAGE 1: ____________________
STAGE 2: ____________________
STAGE 3: ____________________
STAGE 4: ____________________
STAGE 5: ____________________

ACTIVITY 25-6

DIRECTIONS: Write a paragraph(s) explaining the steps of grief that most family members and friends experience after the death of a loved one.

537

# 26

# Chapter Twenty-six
# Body Mechanics

## COMPETENCIES TO DEVELOP

- Point out the rules of body mechanics to be used when working with elderly.
- Describe the correct procedures to be used when repositioning bedridden elderly.

## OBJECTIVES TO ACHIEVE

- Describe the basic rules of body mechanics the care provider should follow when working with the elderly.
- Explain the goals which are achieved by using good body mechanics.
- Identify the correct procedures for repositioning an elderly person.

Understanding the principles of body mechanics and body positioning is a must if an elder care provider is to be effective. For his or her own safety and well-being, the elder care provider needs to practice effective body mechanics when repositioning an elderly person.

This chapter will focus on the rules of body mechanics used when working with the elderly, as well as the procedures for repositioning elderly individuals.

ACTIVITY 26-1

**DIRECTIONS:** Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

alignment ______________________________

______________________________

body mechanics ______________________________

______________________________

body repositioning ______________________________

______________________________

repositioning ______________________________

______________________________

Additional Terms

ACTIVITY 26-2

DIRECTIONS: The following exercise describes the basic rules of body mechanics the care provider should follow when working with the elderly. Read each statement. Circle the letter T if the statement is true. Circle the letter F if the statement is false; and in the space provided, rewrite the statement making it true.

T F 1. The body's base of support has no effect on body balance.

T F 2. Stooping with proper body alignment prevents fatigue.

T F 3. Proper walking habits reduce fatigue and stress.

T F 4. The lining up of the body segments is important.

T F 5. Use as much energy as possible when moving, carrying, or lifting heavy objects.

T F 6. Proper body alignment in sitting increases muscle strain and provides little circulation in thigh blood vessels.

ACTIVITY 26-3

DIRECTIONS: Write a paragraph(s) explaining the goals which are achieved by using good body mechanics.

## ACTIVITY 26-4

DIRECTIONS: Identify the correct procedures for repositioning an elderly person by completing the following activity. For each statement that you agree with, put an X in the blank labeled Agree. For each statement that you disagree with, put an X in the blank labeled Disagree. Write a one-sentence statement defending the answer in the space provided.

1. The care provider should take the correct posture in order to reposition the person without strain on self.

______ Agree ______ Disagree

2. When moving a person to the near side of the bed, first ask the person to bend knees, then loosen the covers.

______ Agree ______ Disagree

3. The care provider should not need assistance in aiding heavy or helpless people.

______ Agree ______ Disagree

4. The care provider should always be concerned with the safety of the person.

______ Agree ______ Disagree

5. When moving the person to the side of the bed, the care provider should face side of bed, one foot forward, and knees bent.

______ Agree ______ Disagree

6. The care provider need not worry about the fears of the elderly when repositioning them.
______ Agree ______ Disagree

7. When helping a person to sit up or lie down, the care provider should first place one hand under the person's shoulder, the other under the hips, and bend at hips and knees.
______ Agree ______ Disagree

8. After pulling the person toward the side of the bed, the care provider should help the person to a sitting position.
______ Agree ______ Disagree

9. When helping a person to sit up or lie down, the care provider should face the bed, bend the person's knees, and then ask the person to clasp the care provider's arm while the care provider slides his or her arm under the person's back.
______ Agree ______ Disagree

10. It is important that the care provider take care to prevent pain or injury during repositioning.
______ Agree ______ Disagree

# 27

# Chapter Twenty-seven
# Planning and Managing Household Tasks

### COMPETENCY TO DEVELOP

- Analyze ways to improve the planning and management of housekeeping tasks.

### OBJECTIVES TO ACHIEVE

- Identify ways to organize work in order to save time and energy.
- Explain the importance of storing and organizing supplies according to work area.
- List advantages of scheduling one's household work.
- Identify household tasks that are performed daily, weekly, and occasionally.

Housekeeping duties for the elder care provider will vary depending on the type of facility employed in. The care provider employed in a care facility other than a private home will usually have fewer housekeeping responsibilities. The elder care provider employed in home-type situation will often be the manager who plans as well as the worker who carries out the plan.

This chapter will focus on ways to improve the planning and management of housekeeping tasks.

ACTIVITY 27-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

ventilation ______________________________________________

__________________________________________________________

Additional Terms

ACTIVITY 27-2

DIRECTIONS: To identify ways to organize work in order to save time and energy, select the most appropriate word or words from the list that best complete the sentence. Fill in each blank to complete the sentence.

adequate
arise
attainable height
efficient
equipment
health
posture
proper storage
reduce
safety
storage space

1. Do not put off work, do tasks as they ____________________.

2. Plan ways to ____________________ cleaning problems such as using door mats in front of entrances to keep from tracking dirt in.

3. Find an ____________________ rate of speed for cleaning that is not hurried.

4. Whenever possible, keep working ____________________ in good condition.

5. Take care of personal ____________________ and ____________________ precautions.

6. To prevent time and energy spent in searching for items, develop methods for ______________________________.

7. Adjust the heights of working surfaces to permit good ____________________.

8. Store items at an ________________________________ to keep from having to strain to reach.

9. Include short but ____________________ rest periods when cleaning.

10. Encourage elderly to get rid of old equipment that is never used and is taking up ______________________________.

ACTIVITY 27-3

DIRECTIONS: Write a paragraph explaining the importance of sorting and organizing supplies according to work area.

ACTIVITY 27-4

DIRECTIONS: Identify household tasks that are performed daily, weekly, and occasionally by determining when the following list of tasks should be performed. Place the letter of the scheduled performance in the blank to the left of the task.

TASK

____ 1. Clean cabinets, closets, drawers, and shelves

____ 2. Clean bathroom

____ 3. Clean walls

____ 4. Clean rooms thoroughly

____ 5. Prepare meals and clean up

____ 6. Straighten house

____ 7. Polish wood surfaces

____ 8. Wash clothes

____ 9. Launder curtains, bedspreads

____ 10. Make the beds

____ 11. Care for floors

____ 12. Mend

____ 13. Put rooms in order

____ 14. Clean windows

____ 15. Do light cleaning of bedrooms and kitchen area

SCHEDULED PERFORMANCE

A. Daily task

B. Weekly task

C. Occasional task

# 28

# Chapter Twenty-eight
# Energy

**COMPETENCY TO DEVELOP**

- Assist the elderly with energy conservation needs.

**OBJECTIVES TO ACHIEVE**

- Identify ways to conserve energy resources.
- Give examples of ways to dress for comfort in cool and warm temperatures.

As an elder care provider, it is very important to know how to save energy. Many times the little things one does help to save large amounts of energy. However, elderly people who often have the greatest need for saving money may lack the resources or knowledge needed to make these changes.

This chapter will enable the care provider to assist the elderly with energy conservation needs.

ACTIVITY 28-1

**DIRECTIONS:** Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

Btu ______________________________

______________________________

clo ______________________________

______________________________

conservation ______________________________

______________________________

economize ______________________________

______________________________

energy efficiency______________________________

______________________________

thermostat ______________________________

______________________________

wattage (watts) ______________________________

Additional Terms

ACTIVITY 28-2

DIRECTIONS: Unscramble the words in the left-hand column to complete the sentences regarding the ways to conserve energy resources. Write the word in the space provided.

| | |
|---|---|
| sodal | 1. To save electricity, gas, and water, use full _____ in the dishwasher and clothes washer and dryer. |
| hssreow | 2. To save water, take _______ instead of baths. |
| dashes<br>slnibd | 3. Draw ______ and _______ to keep out hot sun in summer and to retain heat in the winter. |
| tarew | 4. Keep a bottle of cold ____ in the refrigerator because running tap water until it is cold will waste water. |
| alid | 5. _____ your own calls to save on telephone expenses. |
| cicerrnto | 6. Report _________ charging to the telephone office. |
| glthsi | 7. Turn off all unnecessary ______ to save electricity. |
| ylkea | 8. Have _______ faucets repaired; these are a chief cause of water waste. |
| tttssremaoh | 9. Turn ____________ on both heating and air conditioning to comfortable levels to save electricity and gas. |
| lpiacnesap | 10. Use small ______________ to save electricity and gas. |
| nuueds | 11. Do not heat or cool _______ rooms. |
| sheectap | 12. To save on telephone expense, be aware of the _________ rate times in the state. |
| einl | 13. Dry clothes on a _____ in warm weather to save electricity. |
| oilpt<br>hiltgs | 14. Ask utility company to adjust ______ _______ on the stove or furnace and to fix gas leaks. |
| duecerc | 15. Have storm doors and windows added to ______ heat and cool air loss. |
| ehcck | 16. _______ monthly telephone bills against a record that has been kept of all long distance calls. |
| greeyn | 17. Defrost the refrigerator to save _______. |

550

deictr 18. To help cut telephone expenses, call the operator to receive _______________ for wrong numbers and cutoffs.

acnle 19. To help save energy, keep equipment _______________.

eerrttwipsha 20. _______________ and caulk around all windows and doors.

ACTIVITY 28-3

DIRECTIONS: Give examples of ways to dress for comfort in cool and warm temperatures by completing the following exercise. Read each statement. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F to the left of the statement.

T F 1. Light colors which reflect the sun's rays give a warming effect.

T F 2. A light, long-sleeved sweater equals almost 6° in added warmth.

T F 3. Cuffs that hug the wrists and high collars that hug the neck add warmth.

T F 4. Natural fibers that absorb moisture and allow perspiration to evaporate from skin are more comfortable in cooler temperatures.

T F 5. Drawstring hems on tops, jackets, and coats can be pulled in tight in cooler temperatures to retain body warmth.

T F 6. Open, strap, or lightweight shoes are cooler than heavy boots or shoes.

T F 7. Lightweight, open weave fabrics will be more comfortable in cooler temperatures.

T F 8. Heavy underclothing, heavier outer clothing, and wearing sweaters in layers provide warmth in cooler temperatures.

T F 9. Slacks are at least 3° warmer than skirts.

T F 10. Wearing short-sleeved or sleeveless blouses and omitting belts and jewelry will provide comfort in warm temperatures.

# 29

# Chapter Twenty-nine Bed Making

**COMPETENCIES TO DEVELOP**

- Follow the principles of bed making.
- Determine how the care provider can help prevent bedsores in the elderly person.
- Point out the purposes of a bed cradle.

**OBJECTIVES TO ACHIEVE**

- Demonstrate the procedures for making an occupied and unoccupied bed.
- Give examples of how the elder care provider can help prevent bedsores in the elderly.
- Explain the purposes of a bed cradle.

A skillfully made bed provides safety, comfort, warmth, a smooth clean surface, and freedom of movement. The elder care provider will need to know the basic principles of bed making for both occupied and unoccupied beds.

This chapter will aid the care provider in making the occupied and unoccupied bed, preventing bed sores in the elderly, and understanding the purpose of a bed cradle.

ACTIVITY 29-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

bed cradle ________________________________________

________________________________________

decubitus ulcers ________________________________________

________________________________________

mitered corners ________________________________________

________________________________________

signal cord ________________________________________

________________________________________

Additional Terms

553

ACTIVITY 29-2

DIRECTIONS: Read the list of basic steps for making an occupied bed. Arrange the steps in order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step, and so on up to number 12, the final step.

____ 1. Tuck top sheet and blanket under mattress at foot of bed.

____ 2. Wash hands; locate and organize supplies.

____ 3. Position top sheet wrong side up and hem even with the top of mattress.

____ 4. Tuck in top sheet and blanket at foot of bed; before tucking in mitered corner make a three inch fold toward foot of bed, and then complete mitered corner.

____ 5. To conserve energy, make bed entirely from one side before moving to the other side.

____ 6. Keeping blanket centered, spread it over top sheet and foot of mattress.

____ 7. Tuck bottom sheet under head of mattress (miter corner). Working from top to bottom, tighten sheets to provide comfort and safety.

____ 8. Remove spread, blankets, pillow, and dispose of soiled linens.

____ 9. Working from head to foot of bed, tuck top sheet in one side.

____ 10. If fitted bottom sheet is not available, position and unfold bottom sheet right side up with wide hem at top of bed.

____ 11. Move to other side of bed. Fanfold linens to the center so you can work with bottom sheet.

____ 12. Tuck 12 to 18 inches of bottom sheet tightly over the top of mattress. Miter corners.

ACTIVITY 29-3

DIRECTIONS: Give examples of how the elder care provider can help prevent bedsores in the elderly by completing the following exercise. Read each statement. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Use baking soda on sheets to help reduce friction as the patient moves.

T F 2. Use special equipment such as air cushions, sponge rubber cushions, sheepskins, pillows, pads, air mattresses, etc. to reduce skin pressure.

T F 3. Be sure the care provider never touches the patient's skin.

T F 4. Report any sign of a bedsore developing to the person immediately in charge.

T F 5. There is no way to prevent sheet burns.

T F 6. A well-balanced diet is not the appropriate way to prevent malnourished tissues.

T F 7. Change bed immediately when it becomes wet.

T F 8. Always follow the doctor's instructions and make sure proper grooming habits are maintained.

T F 9. For an individual confined to bed, position should be changed every few hours.

T F 10. Report any reddened, irritated, or sensitive areas of the skin to the doctor, nurse, supervisor, or person in charge.

ACTIVITY 29-4

DIRECTIONS: Write a paragraph(s) explaining the purposes of a bed cradle.

# 30

# Chapter Thirty
# Bathing

## COMPETENCIES TO DEVELOP

- Determine the bathing needs of the elderly.
- Assist the elderly with bathing needs.
- Explain procedure for assisting elderly with bedpan use.

## OBJECTIVES TO ACHIEVE

- Describe the benefits of a bath.
- Describe the types of baths.
- Identify reasons that the elderly may need bathing assistance.
- Give examples of ways in which the care provider can assist the elderly in bathing needs.
- Identify procedure for assisting elderly with bedpan use.

One of the tasks of the care provider working in services for the elderly may be to assist the elderly with bathing needs. A bath removes dirt and perspiration, increases circulation, provides the elderly person with exercise, and also helps the person feel clean, relaxed, and refreshed.

This chapter will help the care provider to determine the bathing needs of the elderly.

ACTIVITY 30-1

**DIRECTIONS:** Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

cystoscopic examination

dermis

epidermis

liver spots

pigmentation

sitz bath

sphincter muscles

therapeutic

Additional Terms

ACTIVITY 30-2

DIRECTIONS: Write a paragraph describing the benefits of a bath.

ACTIVITY 30-3

DIRECTIONS: Describe the types of bath by completing the matching exercise. Match the type of bath to its appropriate description. Place the letter of the type of bath in the blank to the left of each description. Some letters may be used more than once.

| DESCRIPTION | TYPE OF BATH |
|---|---|
| ____ 1. Should be filled 1/3 full with warm water | A. Bed bath |
| ____ 2. A small stool should be provided | B. Shower |
| ____ 3. A therapeutic type of bath | C. Sitz bath |
| ____ 4. Before this type of bath, the care provider should offer the person the use of a bedpan | D. Tub bath |
| ____ 5. Should have safety handrails and a wall soap dish | |
| ____ 6. Use a bath blanket to protect elderly person from chilling | |
| ____ 7. Fill a basin two-thirds full of warm water | |
| ____ 8. Used to relax sphincter muscles of the bladder and rectum | |

____ 9. Place large towel over person for privacy after removing bedspread

____ 10. Plastic disposable bath apparatuses that can be used at home, as well as, in an institution

## ACTIVITY 30-4

**DIRECTIONS:** Unscramble the words in the left-hand column to complete the sentences regarding the reasons the elderly may need bathing assistance. Write the word in the space provided.

| | |
|---|---|
| baalmutryo | 1. A complete bed bath is usually given to the elderly person who is not ________________. |
| bust | 2. For safety purposes, the care provider should help the elderly in and out of ________________. |
| cevfr | 3. A partial bath is usually recommended for a person who has high ________________ or profuse perspiring. |
| dreit, wake | 4. Bathtub seats or stools should be placed in bathtubs or showers for those who may get ________________ or ________________. |
| zist tbah | 5. A ________________ is usually ordered for a person following rectal surgery. |

## ACTIVITY 30-5

**DIRECTIONS:** Give examples of ways in which the care provider can assist the elderly in bathing needs. Read each statement. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Make sure that the bathroom is clean, warm, and free from drafts.

________________________________________________________________

________________________________________________________________

T F 2. Assemble all bathing supplies needed before bath.

________________________________________________________________

________________________________________________________________

T F 3. It is not necessary to assist with the person's bathrobe and slippers.

________________________________________________________________

________________________________________________________________

T F 4. It is necessary to tell the elderly person about the bath before hand.

T F 5. Make sure that the elderly person is comfortable.

T F 6. Show concern of feelings and interest in the person's personal appearance.

T F 7. It is not necessary for the elderly person to use skin care products.

T F 8. Assist the elderly with nail care when needed.

T F 9. Placing a towel in the bottom of the bathtub or shower is dangerous because of tripping.

T F 10. Help the elderly person with dressing if help is needed.

ACTIVITY 30-6

DIRECTIONS: Read the list of steps for assisting the elderly with bedpan use. Arrange the steps in order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step, and so on up to number 12, the final step.

____ 1. Allow the elderly person to wash hands.

____ 2. Fold back covers at side to prevent soiling.

____ 3. Determine if client is unable to cleanse self. If not, wipe downward toward spine to avoid spreading soiled area to bladder and vaginal openings.

____ 4. Adjust the bedpan for comfort.

____ 5. Place bed protector pad under the person's hips.

____ 6. Remove bed pan in the same manner as placed. Cover bedpan and observe body for redness and soreness.

____ 7. Place the bedpan beside the elderly person. Be sure the open end is toward the foot of the bed.

____ 8. The care provider can leave the room after making sure the call bell and toilet tissue are conveniently located.

____ 9. Request person to bend knees and rest weight on heels if possible.

____ 10. Empty bedpan and rinse it with cold water. Wash it with hot soapy water, rinse and dry. Put all supplies away and wash hands.

____ 11. The care provider should position hand under small of the back and on signal help to lift hips while positioning bedpan under hips.

____ 12. Assemble all supplies and wash hands. Hot water may be used to warm bedpan. Talcum powder may be used in hot weather to prevent sticking.

# 31

# Chapter Thirty-one

# Grooming

### COMPETENCIES TO DEVELOP

- Determine the grooming needs of the elderly.
- Assist the elderly with grooming needs.

### OBJECTIVES TO ACHIEVE

- Describe the benefits of maintaining good personal hygiene
- Identify reasons that the elderly may need grooming assistance.
- Identify the benefits of daily hair care.
- List the steps of proper nail care.
- Discuss the reasons for good oral hygiene.
- Point out the importance of caring for beards and mustaches properly.
- Give examples of ways in which the care provider can assist the elderly in grooming needs.

Personal hygiene is essential throughout life. Hygiene practices remain basically the same; however, elderly may need assistance with grooming needs due to physical limitations, behavioral problems, or emotional reasons.

This chapter will enable the care provider to both determine and assist the elderly with their grooming needs.

ACTIVITY 31-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

dentures ______________________________

______________________________

hygiene ______________________________

______________________________

manicure ______________________________

______________________________

oral hygiene ______________________________

______________________________

pedicure ______________________________

______________________________

periodontal ______________________________

______________________________

pigmentation ______________________________

______________________________

plaque ______________________________

______________________________

podiatrist ______________________________

______________________________

Additional Terms

ACTIVITY 31-2

DIRECTIONS: Review the benefits of maintaining good personal hygiene by completing the following sentences. Supply the missing letters for the most appropriate word to complete the sentence. Write the answer in the space provided.

1. _ _ _ o _ i _ _ is important in maintaining general health.

2. Personal care provides some _ _ e _ _ i _ e and, therefore, aids the elderly person physically.

3. Good _ _ _ i _ _ e helps the person to maintain a positive self-image as well as build self-confidence.

4. Grooming can lead to a more _ n _ _ _ a _ _ _ and satisfying life.

5. If a person is well-groomed, it affects b _ _ _ _ _ o _ and _ _ t _ t _ _ _ _ and may prompt the aged to become more active outside the home.

ACTIVITY 31-3

DIRECTIONS: Write a paragraph(s) giving the reasons that the elderly may need grooming assistance.

ACTIVITY 31-4

DIRECTIONS: Read the following situation regarding the benefits of daily hair care. Write your response in the space provided.

Mrs. Summers, an elderly woman, brushes her hair every morning and every night. Is this a good thing to do? Yes or no. Give the facts which helped you determine your answer.

ACTIVITY 31-5

DIRECTIONS: Read the steps for proper nail care. Arrange the steps in the order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step, and so on up to number 13, the final step.

____ 1. Polish nails of female if she desires and if instructed to do so.

____ 2. Prepare warm, soapy water in bowl or small container.

____ 3. Rub lotion or cream on the hands to keep them soft and moist.

____ 4. Use a fine emery board to shape the nails in an oval (or follow the contour of the fingertips) on the right hand. File from the outer edge toward the center on each side of each nail.

____ 5. Place the bowl or container on a towel at a convenient height and position for the person.

____ 6. Use an orange stick to clean under the fingernails. A sharp metal file should not be used to clean under the nails.

____ 7. Remove the person's right hand from the bowl.

____ 8. Place the left hand of the elderly person in the bowl or container of warm, soapy water.

____ 9. Ask the elderly person to soak the fingers on the right hand about five minutes in the bowl.

____ 10. Report any unusual condition of the hands or feet, or ingrown nails to the person in charge.

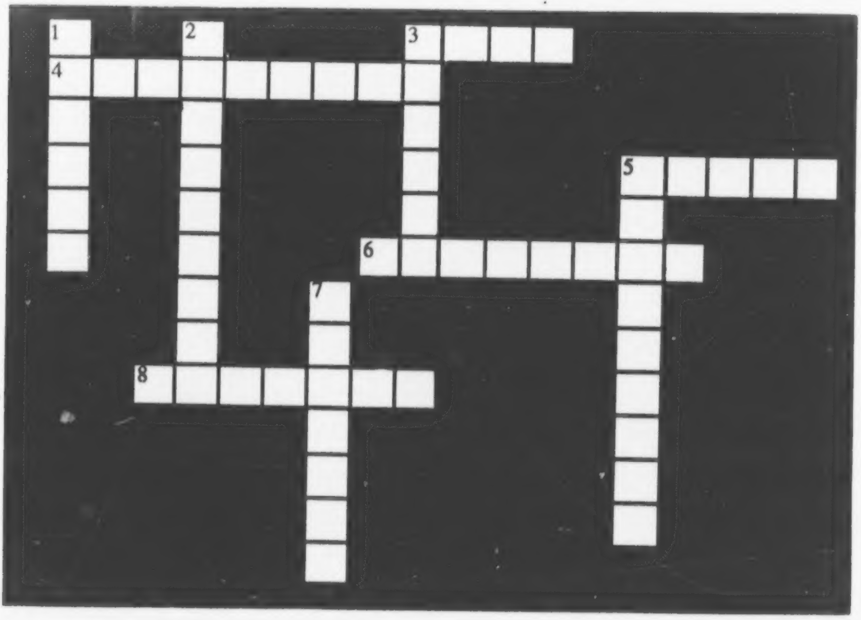
____ 11. Assemble and organize supplies.

____ 12. Dry the hand and the nails–pushing the cuticle back gently with the towel. Softening creams are also helpful to soften the cuticles.

____ 13. Repeat procedure for left hand.

ACTIVITY 31-6

DIRECTIONS: Fill in the crossword puzzle using the missing words from the clues related to reasons for good oral hygiene.



ACROSS

3. _ _ _ _ _ oral hygiene may lead to loss of appetite and weight.
4. Healthy teeth and gums as well as properly fitted dentures are _ _ _ _ _ _ _ _ _ _ to chewing and digesting food.
5. Poor oral hygiene may cause the mucous membrane to dry and _ _ _ _ _ .
6. Daily hygiene provides observation for problems such as ill-fitting or broken dentures or signs of _ _ _ _ _ _ _ _ _ teeth.
8. Proper _ _ _ _ _ _ _ helps to prevent sores and ulcerations.

DOWN

1. The status of the teeth and gums affects the total _ _ _ _ _ _ of the person.
2. Brushing teeth _ _ _ _ _ _ _ _ _ _ helps prevent bad breath and tooth decay.
3. Brushing teeth helps to prevent _ _ _ _ _ _ buildup.
5. Good oral hygiene keeps the gums in good _ _ _ _ _ _ _ _ _ .
7. Oral care is given to _ _ _ _ _ _ _ the mouth.

ACTIVITY 31-7

DIRECTIONS: Read the following statements regarding the importance of caring for beards and mustaches. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F and rewrite the statement making it true.

T F 1. Brush beard toward face at all times.

T F 2. Trim beard or mustache only when wet.

T F 3. Avoid rubbing after-shave lotion or cologne into a beard or mustache because the alcohol content will cause the whiskers to dry out.

T F 4. It usually takes a long time for a beard to dry after washing.

T F 5. Washing a beard or mustache is very important to keep bacteria from growing at the roots.

T F 6. A beard or mustache should be trimmed around the mouth so it does not interfere with eating.

T F 7. Flaking in a beard or mustache is usually the result of either insufficient rinsing after washing or of not drying the beard or mustache correctly.

T F 8. The beard should be combed with a very fine-toothed comb to prevent tangles.

T F 9. Rough motions with the comb can break the hair as well as irritate the face.

T F 10. Toenail clippers can be used to trim a mustache.

ACTIVITY 31-8

DIRECTIONS: Read the section identifying ways in which the care provider can assist the elderly in grooming needs. In the space provided, write a poem using one or more of the examples.

# 32

# Chapter Thirty-two Dressing Assistance and Self-help Dressing Aids

## COMPETENCIES TO DEVELOP

- Analyze how clothing can be adapted to meet the needs of the elderly.
- Assist the elderly with dressing needs.
- Analyze self-help dressing aids which can be made to ease the task of dressing and undressing for the elderly.

## OBJECTIVES TO ACHIEVE

- Describe how clothing can be adapted to meet the needs of the elderly.
- List the steps in assisting the elderly to dress.
- Give examples of self-help aids for dressing.
- Demonstrate how to make self-help aids for the elderly.

To meet the needs of the elderly, clothing can be adapted to allow for decreased physical strength, limited finger dexterity, partial paralysis, limited range of motion, or other health or safety-related reasons. Clothing adaptations can be made for the elderly to enable them to be more self-sufficient in dressing.

This unit will focus on how clothing can be adapted to meet the needs of the elderly, as well as the ways the care provider might assist the elderly with dressing needs.

ACTIVITY 32-1

DIRECTIONS: Improve vocabulary by using dictionaries, textbooks, or other references to define the words listed below (context of definitions should be the same as used in the chapter). For each word, write a brief definition. As the chapter is read, continue to build vocabulary by listing and defining additional terms that are new.

bootjack ________________________________________

buttonhook ________________________________________

closures ________________________________________

clothing adaptations ________________________________________

dexterity ________________________________________

dressing stick ________________________________________

facilitate ________________________________________

overcoat hanger ________________________________________

self-help aids ________________________________________

sleeve anchor ________________________________________

sock sticks ________________________________________

Additional Terms

574

ACTIVITY 32-2

DIRECTIONS: Write a paragraph(s) or poem describing how clothing can be adapted to meet the needs of the elderly.

ACTIVITY 32-3

DIRECTIONS: Read the list of basic steps for assisting the elderly with dressing needs. Arrange the steps in order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step, and so on up to number 6, the sixth step.

____ 1. Gather clothing which the elderly person has selected.

____ 2. Assist with putting on clothes. If the person has a weak or paralyzed arm or leg, that body part should be placed in the garment first followed by the other arm or leg.

____ 3. Wash hands.

____ 4. After the outer garments are on, assist with the shoes and socks. Different methods of dressing will have to be adapted to individual needs. The elder care provider should encourage elderly persons to be as independent in their dressing as they are able to be.

____ 5. Provide privacy.

____ 6. Assist with removing pajamas, gowns, or other clothing.

ACTIVITY 32-4

DIRECTIONS: Complete the following statements related to self-help aids for the elderly by supplying the missing letters in the blanks provided. Some of the letters of the words have been filled in.

1. A _ _ _ s _ _ _ g  _ _ i _ _ is a good aid for pulling on or pushing off clothing when range is restricted.

2. A _ _ _ _ _ c  _ n  _ _ _ _ helps to keep a jacket sleeve from crawling up when pushing one's arm into an overcoat.

3. To assist in removing boots or shoes when strength or range is limited, one should use a _ o _ _ _ _ c _ .

4. In order to support the overcoat so that the shoulders are relieved of the weight when putting it on, one should use an _ _ e _ _ _ _ t  _ _ _ _ e _.

5. A _ _ _ _ o _ _ o o _ is used to facilitate buttoning when dexterity and reach are poor or when one has only the use of one hand.

6. To aid in putting on stockings and socks when the hands cannot reach the feet, one should use a _ _ o _ _ _ _ _ or _ o _ _ aid.

7. To aid in slipping shoes on when reach is limited, a _ _ n _  _ h _ _ _ _ _ _ should be used.

8. A few self-help aids may be _ u _ _ _ _ _ _ _ at hospital supply houses and a few stores.

9. Some self-help aids may be _ _ d _ at home.

10. Some elderly persons will take _ _ _ _ e in assisting in the construction of the self-help aids.

ACTIVITY 32-5

DIRECTIONS: Read the following statements regarding the ways to make self-help aids for the elderly. Circle the letter T if the statement is true. Circle the letter F if the statement is false and, in the space provided, rewrite the statement making it true.

T F 1. A few self-help aids can be purchased at hospital supply houses, but they can also be made at home less expensively.

T F 2. By making one's own clothing aids, the aids can be made to meet individual specifications.

T F 3. To make a buttonhook, one should use firm wire embedded in the handle, and the wire should be very thick.

T T 4. When making a dressing stick, use 1/2" x 7/8" wood of desired length, a cup hook, and a large magnet.

T F 5. When making an overcoat hanger, use six strong staples and fasten to the top of a door frame a shoulder's length apart.

T F 6. If constructing a sleeve anchor, one will need a rubber band attached to a wire loop and it must be big enough to fit over jacket button.

T F 7. To construct stocking or sock aids, use twill tape, two garters, nylon fabric, a piece of canvas, and polyethylene sandwiched between the nylon and the canvas.

T F 8. When making a sock stick, use two 1/2" x 1/2" pieces of wood, four aluminum attachments, and two garters.

T F 9. If constructing a bootjack, one would use one platform 15" x 3 1/4", one support frame 5" x 1 1/8", three screws, and a heavy rubber lining for notch.

T F 10. To make a long shoehorn, the person would need 1/2" x 1/2" wood, a wooden shoehorn, thin aluminum, and a groove for pushing shoe off.